

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Whirlpool Corporation Political Action Committee

ADDRESS (number and street)

1200 G Street NW

(Check if address is changed)

Suite 800

Washington

DC

20005

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

sean_mackay@whirlpool.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-434-8991

2. DATE

04 / 11 / 2006

3. FEC IDENTIFICATION NUMBER

C C00039040

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Sean Christopher Mackay

Signature of Treasurer

Electronically Filed by Sean Christopher Mackay

Date

04 / 11 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Whirlpool Corporation - Maytag Dependability Fund

Mailing Address _____
403 WEST 4TH STREET NORTH

NEWTON IA 50208 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Affiliated Committee** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Whirlpool Corporation Political Action Committee

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Sean Christopher Mackay**

Mailing Address **1200 G Street NW**

Suite 800

Washington DC 20005

Title or Position ▼ **Government Relations** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **202 434 8992**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Sean Christopher Mackay**

Mailing Address **1200 G Street NW**

Suite 800

Washington DC 20005

Title or Position ▼ **Government Relations** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **202 434 8992**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chemical Bank Shoreline

Mailing Address

823 RiverView Drive

P.O. Box 1248

Benton Harbor

MI

49023

1248

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -