

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

WIRELESS INTERNET SERVICE PROVIDERS ASSOCIATION PAC (WISPA PAC)

ADDRESS (number and street)

908 TRAILVIEW BOULEVARD, SE

☐ (Check if address is changed)

SUITE 170

LEESBURG

CITY ▲

VA

STATE ▲

20175

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

treasurer@wisppac.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.wisppac.org

2. DATE

09 / 05 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00609263

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 CARR, JAMES, , ,

Signature of Treasurer

CARR, JAMES, , ,

[Electronically Filed]

Date

09 / 05 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 AffiliationOffice
Sought:

House

Senate

President

State

District

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

Name of
Candidate**Party Committee:**

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

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☒ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

WIRELESS INTERNET SERVICE PROVIDERS ASSOCIATION PAC (WISPA PAC)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

WIRELESS INTERNET SERVICE PROVIDERS ASSOCIATION

Mailing Address 4417 13TH ST. #317

ST. CLOUD

CITY

FL

STATE

34769

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**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 CARR, JAMES, , ,

Mailing Address 908 TRAILVIEW BOULEVARD SE

SUITE 170

LEESBURG

CITY

VA

STATE

20175

ZIP CODE

Treasurer

Telephone number 617 - 231 - 4328

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 CARR, JAMES, , ,

Mailing Address 908 TRAILVIEW BOULEVARD SE

SUITE 170

LEESBURG

CITY

VA

STATE

20175

ZIP CODE

Title or Position
Treasurer

Telephone number 617 - 231 - 4328

Full Name of
Designated
Agent

Gantt, Charles, , ,

Mailing Address

c/o Bulldog Compliance

138 Conant Street 2nd Flr

Beverly

CITY

MA

STATE

01915

ZIP CODE

Title or Position

Designated Agent

Telephone number

617

231

4328

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.

Wells Fargo

Mailing Address

701 E Market Street

Leesburg

CITY

VA

STATE

20176

ZIP CODE

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

1445-A Laughlin Ave

McLean

CITY

VA

STATE

22101

ZIP CODE