

**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

Parent Party Super PAC

ADDRESS (number and street)

55 West 116th Street



(Check if address is changed)

Suite 159

New York

CITY ▲

NY

STATE ▲

10026

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

parentpartypac@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

08 / 31 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00788315

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 Whalen, Christopher, , , Donohue

Signature of Treasurer

Whalen, Christopher, , , Donohue

[Electronically Filed]

Date

09 / 07 / 2021

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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|----|-------------|---------------|---|-------------|
| 1. | <div></div> | FEC ID number | C | <div></div> |
| 2. | <div></div> | FEC ID number | C | <div></div> |
| 3. | <div></div> | FEC ID number | C | <div></div> |
| 4. | <div></div> | FEC ID number | C | <div></div> |

Write or Type Committee Name

Parent Party Super PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

PARENT PARTY PAC

Mailing Address

55 WEST 116TH STREET

SUITE 159

NEW YORK

NY

10026

CITY

STATE

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

Donohue, Patrick, , ,

Mailing Address

55 West 116th Street

Suite 159

New York

NY

10026

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number

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

Whalen, Christopher, , , Donohue

Mailing Address

55 West 116th Street

Suite 159

New York

NY

10026

Title or Position

CITY

STATE

ZIP CODE

Telephone number

732

673

0510

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

JP Morgan Chase Bank

Mailing Address

244 E 86th St

New York

NY

10028

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

The committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees. Signed, Christopher Whalen, Treasurer

Form/Schedule:

Transaction ID: