Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. WALSH FOR PRESIDENT PO BOX 15416 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Helene731@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.JOEWALSH.ORG (Check if address is changed) DATE 2021 C00717033 FEC IDENTIFICATION NUMBER > 3. X 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. Miller, Helen, , , Type or Print Name of Treasurer Miller, Helen, , , [Electronically Filed] 01 30 2021 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	<u>Ц</u>	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	ne of didate	WALSH, JOE, , ,	
	didate y Affiliatio	on REP Office Sought: House Senate X President	State
rare	y / tillication	Sought. House Schale President	District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	rty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	egregated 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.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	i age 3
WALSH FOR PRESIDENT	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records.	n possession of committee
Miller, Helene, , ,	1
29250 North Gillmer Rd.	
Mailing Address	
Mundelein IL 600	060
Title or Position CITY STATE	ZIP CODE
TREASURER Telephone number 312	- <u>451</u> - <u>4092</u>
. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	ne name and address of
Full Name Miller, Helene, , ,	1
of Treasurer	
Mailing Address	
ı Mundelein	160
Mundelein IL 600 CITY STATE	ZIP CODE
Title or Position TREASURER TREASURER Telephone number	- 451 - 4092

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds.	s accounts, rents
Banks or Other safety deposit bo Name of Bank, D Mailing Address	Depository, etc. EAGLEBANK 2001 K STREET NW STE 150	s accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. EAGLEBANK 2001 K STREET NW	s accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. EAGLEBANK 2001 K STREET NW STE 150	zip code
safety deposit bo Name of Bank, D	Depository, etc. EAGLEBANK 2001 K STREET NW STE 150 WASHINGTON CITY STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. EAGLEBANK 2001 K STREET NW STE 150 WASHINGTON CITY STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. EAGLEBANK 2001 K STREET NW STE 150 WASHINGTON CITY STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. EAGLEBANK 2001 K STREET NW STE 150 WASHINGTON CITY STATE	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. EAGLEBANK 2001 K STREET NW STE 150 WASHINGTON CITY STATE	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. EAGLEBANK 2001 K STREET NW STE 150 WASHINGTON CITY STATE	