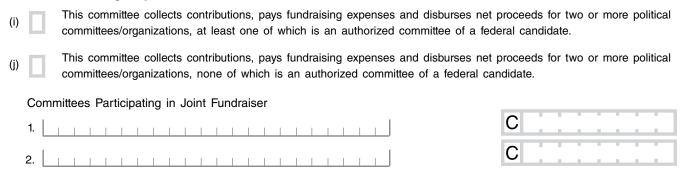
| Image# 202307189583793098                             |   |  |                        | PAGE 1 / 4                      |
|---|---|--|------------------------|---------------------------------|
| FEC<br>FORM 1   | STATEME<br>ORGANIZ  |  |                        |                                 |
|   |   |  | (                      | Office Use Only                 |
| I. NAME OF<br>COMMITTEE (in full)                     | (Check if name is changed)                                | Example: If typing, type<br>over the lines.  | 12FE4M5                |                                 |
| Keenan Wallace  | Dunham for Pre  | sident 2024  |                        |                                 |
|   |   |  |                        |                                 |
|   |   |  |                        |                                 |
| ADDRESS (number and street)                           | 509 67th Ave N Apt D                                      |  |                        |                                 |
| (Check if address is changed)                         |   |  |                        |                                 |
| is changed)   | Myrtle Beach  |  |                        | 9572                            |
|   | CITY ▲  |  | STATE A                | ZIP CODE ▲                      |
| COMMITTEE'S E-MAIL ADDR                               | ESS   |  |                        |                                 |
| (Check if address                                     | dunhamkeenan@gma  | iil.com  |                        |                                 |
| is changed)   | Optional Second E-Mail Ad                                 | ldress   |                        |                                 |
|   |   |  |                        |                                 |
| <ul> <li>(Check if address<br/>is changed)</li> </ul> | Dunham2024.com  |  |                        |                                 |
|   | 18 / Y Y Y Y<br>2023                                      |  |                        |                                 |
| 3. FEC IDENTIFICATION N                               | IUMBER ► C C  | 00845867   |                        |                                 |
| 4. IS THIS STATEMENT                                  | NEW (N) OR  | AMENDED (A)  |                        |                                 |
| certify that I have examined                          | this Statement and to the best                            | t of my knowledge and belief   | it is true, correct an | d complete.                     |
| -   |   |  |                        |                                 |
| Type or Print Name of Treasur                         | er Dunham, Keenan, Wallace,                               | ,  |                        |                                 |
| Signature of Treasurer                                | ham, Keenan, Wallace, ,                                   | [Electronically Filed]   | Date 07                | / D D / Y Y Y<br>18 2023        |
| NOTE: Submission of false, error                      | neous, or incomplete information<br>ANY CHANGE IN INFORMA | may subject the person signing   |                        | e penalties of 52 U.S.C. §301   |
| Office<br>Use<br>Only                                 |   | For further information<br>Federal Election Commis<br>Toll Free 800-424-9530<br>Local 202-694-1100 | contact:               | FEC FORM 1<br>(Revised 06/2012) |

07/18/2023 15 : 11

| FEC | C Form 1 (Revised 03/2022) Pa   | age <b>2</b>  |  |  |  |  |  |  |  |  |
|-----|---|---------------|--|--|--|--|--|--|--|--|
| 5.  | TYPE OF COMMITTEE:  |               |  |  |  |  |  |  |  |  |
|     | Candidate Committee:  |               |  |  |  |  |  |  |  |  |
|     | (a) <b>X</b> 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 Dunham, Keenan, Wallace, ,  |               |  |  |  |  |  |  |  |  |
|     | Candidate Party Affiliation LIB Office Sought: House Senate President Distr   |               |  |  |  |  |  |  |  |  |
|     | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   |               |  |  |  |  |  |  |  |  |
|     | Name of<br>Candidate  |               |  |  |  |  |  |  |  |  |
|     | Party Committee:<br>(d) This committee is a (National, State<br>or subordinate) committee of the Publican, etc.) Publican, etc.) Publican Action Committee (PAC): | arty          |  |  |  |  |  |  |  |  |
|     | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organ  | ization is a: |  |  |  |  |  |  |  |  |
|     | Corporation Corporation w/o Capital Stock Labor Organizat   | ion           |  |  |  |  |  |  |  |  |
|     | 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 of committee. (i.e., nonconnected committee)           | or party      |  |  |  |  |  |  |  |  |
|     | In addition, this committee is a Lobbyist/Registrant PAC.   |               |  |  |  |  |  |  |  |  |
|     | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |               |  |  |  |  |  |  |  |  |
|     | (g) This committee is an independent expenditure-only political committee (Super PAC).  |               |  |  |  |  |  |  |  |  |
|     | In addition, this committee is a Lobbyist/Registrant PAC.   |               |  |  |  |  |  |  |  |  |
|     | (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).  |               |  |  |  |  |  |  |  |  |
|     | In addition, this committee is a Lobbyist/Registrant PAC.   |               |  |  |  |  |  |  |  |  |

## Joint Fundraising Representative:



| FEC Form | 1 ( | (Revised | 02/2009) |
|----------|-----|----------|----------|
|----------|-----|----------|----------|

## Write or Type Committee Name

| Keenan Wallac | e Dunham f | or President 2024 |
|---------------|------------|-------------------|
|---------------|------------|-------------------|

| 6. | Name of Any Co<br>NONE | onne | ecte | d (  | Orga | aniz | zati | on,  | Af | filia | ateo   | d C | Con  | nm  | itte | e,  | Jo  | oint | t F | uno | dra  | isir | ng   | Re  | pre | sei | ntat | ive | , o   | r L | ead | der | shij | ρF  | PAC   | ; S  | por | iso | r    |
|----|------------------------|------|------|------|------|------|------|------|----|-------|--------|-----|------|-----|------|-----|-----|------|-----|-----|------|------|------|-----|-----|-----|------|-----|-------|-----|-----|-----|------|-----|-------|------|-----|-----|------|
|    |                        |      |      |      |      |      |      |      |    |       |        |     |      |     |      |     |     |      |     |     |      |      |      |     |     |     |      |     |       |     |     |     |      |     |       |      |     |     |      |
|    |                        |      |      |      |      |      |      |      |    |       |        |     |      |     |      |     |     |      |     |     |      |      |      |     |     |     |      |     |       |     |     |     |      |     |       |      |     |     |      |
|    | Mailing Address        |      |      |      | L    |      |      |      |    |       |        |     |      |     |      |     |     |      |     |     |      |      |      |     |     |     |      |     |       |     |     |     |      |     |       |      |     |     |      |
|    |                        |      |      |      | L    |      |      |      |    |       |        |     |      |     |      |     |     |      |     |     |      |      |      |     |     |     |      |     |       |     |     |     |      |     |       |      |     |     |      |
|    |                        |      |      |      | L    |      |      |      |    |       |        |     |      |     |      |     |     |      |     |     |      |      |      |     |     |     |      |     |       |     |     |     |      |     |       | - L  |     |     |      |
|    |                        |      |      |      |      |      |      |      |    |       |        |     | CI   | ΤY  |      |     |     |      |     |     |      |      |      |     |     | ST/ | ٩ΤΕ  |     |       |     |     |     | ZI   | IP  | со    | DE   |     |     |      |
|    | Relationship:          | Co   | nneo | cteo | d Or | gar  | niza | tion | l  | •     | Affili | ate | ed ( | Эrg | ani  | zat | ion |      |     | Jo  | oint | Fu   | Indr | ais | ing | Re  | pre  | sen | tativ | /e  |     |     | Lea  | ade | ershi | ip I | PAC | Sp  | onso |

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

| Dunham, k   | Keenan, Wallace, ,        |  |  |  |  |  |  |  |
|---|---------------------------|--|--|--|--|--|--|--|
| Full Name   |                           |  |  |  |  |  |  |  |
| Mailing Address   | 509 67th Ave N Apt D      |  |  |  |  |  |  |  |
|   |                           |  |  |  |  |  |  |  |
|   | Myrtle Beach              |  |  |  |  |  |  |  |
|   | CITY ▲ STATE ▲ ZIP CODE ▲ |  |  |  |  |  |  |  |
| Title or Position ▼   |                           |  |  |  |  |  |  |  |
| Candidate         843         267         1769           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                                       | Dunham, Keenan, Wallace, ,  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| of Treasurer                                    |   |  |  |  |  |  |  |  |  |
| Mailing Address                                 | 509 67th Ave N Apt D  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
|   | Myrtle Beach         SC         29572           Image: Sc         Image: Sc         Image: Sc         Image: Sc |  |  |  |  |  |  |  |  |
|   | CITY ▲ STATE ▲ ZIP CODE ▲   |  |  |  |  |  |  |  |  |
| Title or Position ▼                             |   |  |  |  |  |  |  |  |  |
| Telephone number       843       267       1769 |   |  |  |  |  |  |  |  |  |

| FEC Form 1 (Revised 0               | 02/2009)         | Page <b>4</b> |
|-------------------------------------|------------------|---------------|
| Full Name of<br>Designated<br>Agent |                  |               |
| Mailing Address                     |                  |               |
|                                     |                  |               |
|                                     |                  |               |
|                                     | CITY A STATE A   | ZIP CODE ▲    |
| 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.

| Wells F                   |               |          |            |
|---------------------------|---------------|----------|------------|
| Mailing Address           | 2110 N Oak St |          |            |
|                           |               |          |            |
|                           | Myrtle Beach  | SC 29577 |            |
|                           |               | STATE ▲  | ZIP CODE   |
| Name of Bank, Depository, | etc.          |          |            |
| Mailing Address           |               |          |            |
|                           |               |          |            |
|                           |               |          |            |
|                           | CITY 🔺        | STATE 🔺  | ZIP CODE ▲ |