## 2024-07-22-05-00477205

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

2024 JUL 19 PH 12: 41

				Office Use Ont,
NAME OF     COMMITTEE (in full)	19.20m.) 19.20m.) 19.20m.) 19.20m.) 19.20m.)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
DOHN WHALK	N. E	OR 10,5,1 1C	B. N.G. R.E. 5, 5	
ADDRESS (number and street)	26	699 641	LEW WAY	
(Check if address is changed)	<u>L</u>			
	MI	L  L   3   B   O   R   O   CITY A		DE 19966 - ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	WH	ALENICON	TRACTING 16	PVERIZEN VET
to one goo,		nal Second E-Mail Ad	·	
			<del>                                     </del>	<del>!                                    </del>
				·
COMMITTEE'S WEB PAGE AD	DRESS	(URL)		•
(Check if address is changed)	L			
			<u> </u>	
2. DATE 67	5	2624		
3. FEC IDENTIFICATION N	, UMBER	► C	त्रकार पुरस्कानुस्तर पुरस्कानुस्तरम् स्तुप्रस्थान् स्वरूपम् विकास विकास स्वरूपम् स्थानस्य स्वरूपम्	
4. IS THIS STATEMENT	NE	EW (N) OR	AMENDED (A)	
I certify that I have examined t	his State	ment and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	er <u>Z</u>	FIL C. WI	halen	. \
Signature of Treasurer	uic	2/sl_		Date 07 16 2024
NOTE: Submission of false, error			may subject the person signing	this Statement to the penalties of 52 U.S.C. §3010 WITHIN 10 DAYS.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	CCL. CLIBIULI

IYI	PE O	F CC	DMMITTEE:		
Ca	ndid	ate (	Committee:		
(a)	V	This	s committee is a principal cam	paign committee. (Complete the candidate information	ation below.)
(b)	pri j y j .		s committee is an authorized ormation below.)	committee, and is NOT a principal campaign comi	mittee. (Complete the candidate
	lame Candid		WOUND WO WH	ALW WILLIAM	<del>┢╼┺═┺═╇═╇═╇═╇═╇═╇</del>
	Candid Party /			ought: House Senate	State D & President District 6 0
(c)	9	This	s committee supports/opposes	only one candidate, and is NOT an authorized of	5
	Nam Cand	e of didate		<del></del>	
Pa	rty C	Comr	mittee:		
(d)	/	This	s committee is a 5 TA	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Po	litica	ıl Ac	tion Committee (PAC):		
(e)	: 3	This	s committee is a separate seg	regated fund. (Identify connected organization on	line 6.) Its connected organization is a:
		 5	Corporation	Corporation w/o Capital Stock	Labor Organization
			Membership Organization	Trade Association	Cooperative
		·	In addition, this committ	ee is a Lobbyist/Registrant PAC.	
(f)			s committee supports/opposes nmittee. (i.e., nonconnected co	more than one Federal candidate, and is NOT a	separate segregated fund or party
			In addition, this committ	ee is a Lobbyist/Registrant PAC.	
			In addition, this committee	ee is a Leadership PAC. (Identify sponsor on line	e 6.)
(g)	1 1)	This	s committee is an independent	expenditure-only political committee (Super PAC)	).
	•		In addition, this commit	ee is a Lobbyist/Registrant PAC.	
(h)	<b>s</b> .	This	s committee is a political comm	nittee with both contribution and non-contribution	accounts (Hybrid PAC).
			In addition, this commit	ee is a Lobbyist/Registrant PAC.	

FEC Form 1 (Revise		Page 3
e or Type Committee Na		
LOHA WHALL	EN FOR U.S. CONGRESS	
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
NONE.		
<u> </u>		<del>                                     </del>
1 1 1 1 1 1		
Mailing Address		
	0.777	TE ▲ ZIP CODE ▲
	CITY   STA	resentative Leadership PAC Sp
Custodian of Records: loooks and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
Custodian of Records: loooks and records.	cted Organization Affiliated Organization Joint Fundraising Rep	person in possession of committee
Custodian of Records: loooks and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
Custodian of Records: Records: Records.  Full Name	dentify by name, address (phone number optional) and position of the	person in possession of committee
Custodian of Records: Records: Records.  Full Name	dentify by name, address (phone number optional) and position of the	person in possession of committee
Custodian of Records: Records: Records.  Full Name	dentify by name, address (phone number optional) and position of the	person in possession of committee
Custodian of Records: Records: Records.  Full Name	dentify by name, address (phone number optional) and position of the $[T,C]$ $[C,N]$ $[N]$ $[A,N]$	person in possession of committee
Custodian of Records: Records: Records.  Full Name	dentify by name, address (phone number optional) and position of the	person in possession of com

Full Name of Treasurer

\[ \begin{align\*}
\begin{al

TREASIURER !!!!!!!!!!!

2024:07:22:08:00477207

Telephone number 3

302-463-0416

FEU FORM 1 (F	Revised 02/2009)		Page 4
Full Name of Designated Agent	Frig Christopher Whalen		
Mailing Address	706 SPINNAKER STREET		
	MIDDLE TOUN	DE	19709-
Title or Position ▼	CITY A	STATE A	ZIP CODE A
_	RPR Telephone nu	umber 3	02-463-0416
	positories: List all banks or other depositories in which the commits or maintains funds.	ttee deposits	funds, holds accounts, rents
Name of Bank, Dep	ository, etc.		
Maine of Bank, Dop			
		<u> </u>	
	W3 45 BANK PLAZA DRIVE		
	WSKS BANK		
	WSKS BANK	DE	19966
	W3 65 BANK PLAZA DRIVE		
	W3 45 BANK  25926 PLAZA DRIVE  M1443BORD	DE	19966
Mailing Address	W3 45 BANK  25926 PLAZA DRIVE  M1443BORD	DE	19966
Mailing Address	W3 45 BANK  25926 PLAZA DRIVE  M1443BORD	DE	19966
Mailing Address  Name of Bank, Dep	W3 45 BANK  25926 PLAZA DRIVE  M1443BORD	DE	19966
Mailing Address  Name of Bank, Dep	W3 45 BANK  25926 PLAZA DRIVE  M1443BORD	DE	19966

1 tok U.S. ConGRESS CommiTEE

RECEIVED FEC MAILCENTER 2024 JUL 19 PH 12: 4,1

> LEDERAL ELECTION COMM 1850 FORST STREET, N.E. WASHINGTON, DC 20463

Retail

**US POSTAGE PAID** 

\$9.50

Origin: 19966 07/17/24 0945100966-13

0 Lb 1.30 Oz RDC 03

PRIORITY MAIL®

EXPECTED DELIVERY DAY: 07/19/24

SHIP TO:

WASHINGTON DC 20463

**USPS TRACKING® #** 



ENVELOPE REPLACEMENT PA	tion Commission AGE FOR INCOMING DOCUMENTS f this filing to indicate how it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 7-17-24
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date Date of Receipt  Next Business Day Delivery
Received via FAX	Date of Receipt
Received via Email	Date of Receipt
Received from Electronic Filing Office	Date of Receipt ce
Other (Specify):	Date of Receipt or Postmarked
uf	7-19-24
(4/2023)	DATE PREPARED