FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1		C	RGANIZ	ZATIC	N			
							Office U	se Only
1. NAME OF COMMITTEE (in	ı full)		(Check if name is changed)		nple:If typing, type the lines.	12FE4M	15	
WIRELESS	INTERN	IET S	SERVICE P	PROVII	DERS ASSO	CIATION	PAC (	WISPA PAC)
ADDRESS (number a	nd street)	200 MA	SSACHUSETTS A	VE NW				
(Check if a is changed		SUITE	700					
	,		NGTON LITY A			DC STATE ▲	20001	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	S						
		wispa	pactreasurer@	wispa.or	g 			
		Optiona	I Second E-Mail A	Address				
COMMITTEE'S WEB  (Check if a is changed	address	RESS (U	•					
2. DATE 09	9 05	) / Y	2017					
3. FEC IDENTIFIC	CATION NUI	MBER	C	C00609263				
4. IS THIS STATEM	MENT	NEV	V (N) OR	×	AMENDED (A)			
I certify that I have e	examined this	s Statem	ent and to the be	est of my k	nowledge and belief	it is true, corre	ect and com	plete.
Type or Print Name (	of Treasurer	JOHN,	KEEFE, , ,					
Signature of Treasure	er <i>JOHN</i> ,	KEEFE, ,	,	ı	Electronically Filed]	Date	01 / D	0 2023
NOTE: Submission of	false, erroned				ect the person signing			lties of 52 U.S.C. §30109
Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100			C FORM 1 vised 06/2012)

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TYPE OF COMMITTEE:								
ndidate Committee:								
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)							
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)								
Name of Candidate								
Candidate Party Affiliation Office Sought: House Senate	State President District							
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d 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) <b>x</b> This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is as							
Corporation Corporation w/o Capital Stock	Labor Organization							
Membership Organization	Cooperative							
In addition, this committee is a Lobbyist/Registrant PAC.	_							
(f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)	T a separate segregated fund or party							
In addition, this committee is a Lobbyist/Registrant PAC.								
In addition, this committee is a Leadership PAC. (Identify sponsor on I	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	on accounts (Hybrid PAC).							
In addition, this committee is a Lobbyist/Registrant PAC.								
Joint Fundraising Representative:								
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·							
()	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.	C							
	C							

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	Vrite or Type Committee N	·	raye <b>3</b>				
•		ΓERNET SERVICE PROVIDERS ASSOCIATIΩ	ON PAC (WISPA PAC)				
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representa	· · · · · · · · · · · · · · · · · · ·				
	Mailing Address	200 MASSACHUSETTS AVE NW					
		SUITE 700					
		WASHINGTON	20001				
		CITY ▲ STAT	E ▲ ZIP CODE ▲				
	Relationship: X Conne	ected Organization Affiliated Organization Joint Fundraising Repre	esentative Leadership PAC Sponso				
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
	JOHN,	, KEEFE, , ,					
	Full Name						
	Mailing Address	200 MASSACHUSETTS AVE NW					
		SUITE 700					
		WASHINGTON	20001				
		CITY ▲ STAT	E ▲ ZIP CODE ▲				
	Title or Position ▼						
	Treasurer	Telephone number	617 - 231 - 4328				
8.	Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comn.g., assistant treasurer).	nittee; and the name and address of				
	Full Name JOHN, KEEFE, , ,						
	of Treasurer						
	Mailing Address	200 MASSACHUSETTS AVE NW					
		SUITE 700					
		WASHINGTON	20001				
	Title or Position ▼	CITY ▲ STATE	E ▲ ZIP CODE ▲				
	Treasurer		617   -   231   -   4328				

Telephone number

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Full Name of Designated Agent	GANTT, CHARLES, , ,					
Mailing Address	C/O BULLDOG COMPLIANCE  138 CONANT STREET, STE 401					
	BEVERLY CITY A	MA	01915 ZIP CODE ▲			
Title or Position		STATE ▲	ZIP CODE A			
Designated Age	nt Telephone	number 6	17 - 231 - 4328			
	<b>Depositories:</b> List all banks or other depositories in which the composes or maintains funds.	nittee deposits f	unds, holds accounts, rents			
Name of Bank, I	Depository, etc.					
WELLS FARGO						
Mailing Address	701 E MARKET STREET					
	LEESBURG	VA	20176			
	CITY A	STATE ▲	ZIP CODE ▲			
Name of Bank, I	Depository, etc.					
	CHAIN BRIDGE BANK					
Mailing Address	1445-A LAUGHLIN AVE					
	MCLEAN	_ VA	22101			
	CITY ▲	STATE ▲	ZIP CODE ▲			