FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruc	_	Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5
Chris Wakim f	or _. Congress		
ADDRESS (number and	PO Box 2176		
(Check if addr		<u> </u>	
is changed)	Wheeling		WV 26003 - 1
		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI			1
- Nauriograms			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 7036840683	IUMBER		
2. DATE 0.7	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00416891	
4. IS THIS STATEM	ENT X NEW (N) OF	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Keith A. Davis		
Signature of Treasurer	Electronically Filed by Keith A	. Davis	Date 07 / 24 / Y Y Y Y O 6
NOTE: Submission of fa		may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530	ssion FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)							
	(a) 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 ca information below.)	ndidate						
	Name of CHRIS WAKIM Candidate							
	Candidate Party Affiliation Office Sought: X House Senate President	State WV District 01						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate							
		mocratic, publican,etc.) Party.						
	(e) This committee is a separate segregated fund							
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party						
6.	Name of Any Connected Organization or Affiliated Committee							
	Southeast ROMP							
l								
	228 S. Washington Street							
	Mailing Address Suite 115							
	Alexandria VA 223							
	CITY≜ STATE ▲ Z	IP CODE A						
	Relationship Jnt fundraising comm							
	Type of Connected Organization:							
	X Corporation Corporation w/o Capital Stock Labor Organizatio	n						
	Membership Organization Trade Association Cooperative							

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Write or Type Committee Name							
Chris Wakim for Congres	ss						
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Keith A.	Davis						
Mailing Address	228 S. Washington Street						
-	Suite 115						
-	Alexandria		22314 _				
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲				
Treasurer		703 Telephone number	549 7705				
	esignated agent (e.g., assistant treasu	,					
Full Name of Treasurer Keith A.	Davis						
Kaith A	Davis 228 S. Washington Street						
of Treasurer Keith A.	Davis		22314 _				
of Treasurer Keith A.	Davis 228 S. Washington Stree Suite 115	pt	22314				
of Treasurer Mailing Address	Davis 228 S. Washington Stree Suite 115 Alexandria	<u>VA</u>					
of Treasurer Mailing Address Title or Position ▼	Davis 228 S. Washington Stree Suite 115 Alexandria		ZIP CODE A				
of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated	Davis 228 S. Washington Stree Suite 115 Alexandria		ZIP CODE A				
of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent	Davis 228 S. Washington Stree Suite 115 Alexandria		ZIP CODE A				

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. 							
Name of Bank, Depository, etc.							
BB&T							
Mailing Address	1909 K Street NW						
	Washington DC 2000	6 _ _					
	Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	safety deposit boxes or maintains funds. Name of Bank, Depository, etc. BB&T Mailing Address 1909 K Street NW					

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷