# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Henry for Congress

ADDRESS (number and street) PO Box 275

☐ ◄ (Check if address is changed)

Carthage | TN | 37030 – 

CITY ▲ | STATE ▲ | ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ ◄ (Check if address is changed) henry_usmc@yahoo.com

Optional Second E-Mail Address
susansolimine@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◄ (Check if address is changed) HenryforCongress.com

2. DATE M M 05 / D D 21 / Y Y Y Y 2025

3. FEC IDENTIFICATION NUMBER ▶ C C00905984

4. 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.

Type or Print Name of Treasurer Solimine, Susan, , ,

Signature of Treasurer Solimine, Susan, , , Date M M 05 / D D 21 / Y Y Y Y 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| Office Use Only | | | | |
|---|---|---|---|---|

**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE:

**Candidate Committee:**

(a) [X] 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: Henry, Jon, Scott, ,

Candidate Party Affiliation: REP

Office Sought: [X] House [ ] Senate [ ] President

State: TN

District: 06

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized 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) [ ] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated 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.)

(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:**

(i) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) [ ] 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 _____

2. _____ C _____

Write or Type Committee Name

Henry for Congress

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name: Solomine, Susan, , ,

Mailing Address: PO Box 275

Carthage | TN | 37030

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number: 615 – 418 – 6050

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 of Treasurer: Solimine, Susan, , ,

Mailing Address: PO Box 275

Carthage | TN | 37030

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number: 615 – 418 – 6050

Full Name of Designated Agent

Mailing Address

CITY ▲ STATE ▲ 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.

Smith County Bank

Mailing Address 50 Main Street

Carthage TN 37030

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲