

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

2024 FEB 29 PM 1:50

Office Use Only

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

12FE4M5

FREEDOM NATIONAL COMMITTEE PAC

dba FREEDOM NATIONAL COMMITTEE

ADDRESS (number and street) 2028 S HWY 53 STE 3-292

(Check if address  
is changed)

LAGRANGE  
CITY ▲

KY STATE ▲ 40031 ZIP CODE ▲ 9119

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

admin@FNCpac.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.fncpac.com

2. DATE

03 / 01 / 2024

3. FEC IDENTIFICATION NUMBER ►

C

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

MICHAEL WHIPPLE TREASURER

Signature of Treasurer

Date

02 / 27 / 2024

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 03/2022)

## 5. TYPE OF COMMITTEE:

**Candidate Committee:**

(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 candidate information below.)

Name of Candidate

.....
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Candidate Party Affiliation

.....
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Office Sought:

.....
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House

.....
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Senate

.....
-------

President

State

.....
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District

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

.....
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**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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> 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).

<input type="checkbox"/> 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).

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
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**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. 

.....
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C	.....
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2. 

.....
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C	.....
---	-------

Write or Type Committee Name

## FREEDOM NATIONAL COMMITTEE PAC

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

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

MICHAEL WHIPPLE

Mailing Address

2028 S HWY 53 STE 3-292

   - 

LAGRANGE

KY

40031

- 9119

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CEO

Telephone number 502 - 658 - 3786

## 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

MICHAEL WHIPPLE

Mailing Address

2028 S HWY 53 STE 3-292

   - 

LAGRANGE

KY

40031

- 9119

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 502 - 658 - 3786

Full Name of  
Designated  
Agent | APRIL HOLBROOK

Mailing Address | 2028 S HWY 53 STE 3-292 |

LAGRANGE KY 40031 - 9119

CITY ▲

STATE ▲

ZIP CODE ▲

**Title or Position ▾**

ASSISTANT TREASURER | Telephone number | 502 | - | 658 | - | 3786 |

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.

## GERMAN AMERICAN BANK

Mailing Address 2100 S HWY 53

LAGRANGE	KY	40031	-
CITY ▲	STATE ▲	ZIP CODE ▲	

CITY ▲

STATE ▲

**ZIP CODE ▲**

Name of Bank, Depository, etc.

11. **What is the primary purpose of the `get` method in the `HttpURLConnection` class?**

Mailing Address	<input type="text"/>
	<input type="text"/>

CITY ▲

Optional Supplemental Information  
for Lines 5(i) or (j), 6, 8 and/or 9

## 5(i) or (j). Joint Fundraising Participant:

1.	
2.	
3.	
4.	

FEC ID number	C	

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


Mailing Address


Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number – optional)

Full Name


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.


PRESS FIRMLY TO SEAL



PRIORITY MAIL  
FLAT RATE ENVELOPE  
POSTAGE REQUIRED

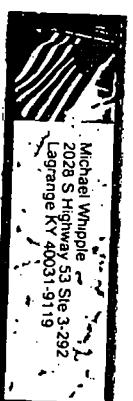


UNITED STATES  
POSTAL SERVICE

Retail

PRIORITY MAIL®

FROM:



P

US POSTAGE PAID

**\$9.85**

Origin: 40031  
02/27/24  
2043960431-01

PRIORITY MAIL®

0 lb 2.20 oz  
RDC 03

EXPECTED DELIVERY DAY: 03/01/24

SHIP  
TO:

WASHINGTON DC 20463



USPS TRACKING® #

To schedule free Package Pickup,  
scan the QR code.

9505 5114 2283 4058 9502 82



OD: 12 1/2 x 9 1/2

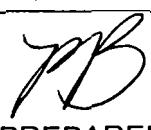
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Federal Election Commis  
1050 First Street, N.E.  
Washington D.C. 20461

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt	
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<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 02/27/2024	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
 PREPARER	02/29/2024 DATE PREPARED	

(4/2023)