

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2024 MAR 4 AM 11:37
Office Use Only

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

12FE4M5

Kiambo (Bo) White For Congress

ADDRESS (number and street) 234 N. Patterson Ave

(Check if address is changed)

Baltimore MD 21231-1338
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

KWHITE227@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.BOWHITEFORCONGRESS.COM

2. DATE 02 / 20 / 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 Danielle Noble

Signature of Treasurer

Danielle Noble

Date

02 / 20 / 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.

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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

KIAMBO (BQ) WHITE

Candidate Party Affiliation

DEM

Office Sought:

 House Senate President

State

MD

District

6TH

(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:

<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.
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(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. C 2. C

Write or Type Committee Name

KIAMBO (BO) WHITE FOR CONGRESS**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

KIAMBO WHITE

Mailing Address

234 N PATTERSON AVE

BALTIMORE MD 21231 - 1338

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number 248 - 320 - 7418

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

DANIELLE NOBLE

Mailing Address

227 COFFEY LN

SHELBYVILLE IN 46176 - 1606

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 812 - 350 - 6510

Full Name of
Designated
Agent

Andrew Allen

Mailing Address

202 SOUTH DORSEY LANE

LOUISVILLE

KY

40223

- 3572

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

MANAGER

Telephone number

248 - 408 - 8436

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.

BANK OF AMERICA

Mailing Address

301 E MARKET ST

INDIANAPOLIS

IN

46204 - 2997

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Kimberly White
202 South Derry St
Louisville KY 40203

LOUISVILLE KY 400

26 FEB 2024 PM 2

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2024 MAR -4 AM 11:37
Forever
USA

Federal Election Commission
Kimberly White
1650 First St NW
Washington DC 20463
20463

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.

	Date of Receipt	
<input type="checkbox"/> Hand Delivered		
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 3/4/2X	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<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 Next Business Day Delivery <input type="checkbox"/>	Date of Receipt
<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
WDO PREPARER (4/2023)	3/4/2X DATE PREPARED	