FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

WENDYS/ARBYS GROUP INC., POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 4288 WEST DUBLIN GRANVILLE ROAD

☐ (Check if address is changed)

DUBLIN | OH | 43017 –

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) alcox@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE MM 07 / DD 30 / YYYY 2009

3. **FEC IDENTIFICATION NUMBER** C C00369090

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 **Ronald S. Siemiontkowski**

Signature of Treasurer Electronically Filed by **Ronald S. Siemiontkowski** Date MM 07 / DD 30 / YYYY 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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

5. TYPE OF COMMITTEE (Check One)

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

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(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) [X] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

[X] 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.)

Joint Fundraising Representative:

(g) ☐ 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.

(h) ☐ 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. FEC ID number C

2. FEC ID number C

3. FEC ID number C

4. FEC ID number C

Write or Type Committee Name

WENDYS/ARBYS GROUP INC., POLITICAL ACTION COMMITTEE

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

WENDY'S/ARBY'S GROUP INC.

Mailing Address **4288 WEST DUBLIN GRANVILLE ROAD**

P.O. BOX 256

DUBLIN CITY ▲ **OH** STATE ▲ **43017** – ZIP CODE ▲

Relationship:

[X] Connected Organization [ ] Affiliated Committee [ ] 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 **COMERICA BANK -**

Mailing Address **PAC SERVICES MC# 2250**

P.O. BOX 75000

DETROIT CITY ▲ **MI** STATE ▲ **48275** – **2250** ZIP CODE ▲

Title or Position ▼ **RECORDKEEPER**

Telephone number **248** – **371** – **5562**

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 **RONALD S. SIEMIONTKOWSKI**

Mailing Address **COMERICA BANK, PAC SERVICES**

P.O. BOX 75000

DETROIT CITY ▲ **MI** STATE ▲ **48275** – **2250** ZIP CODE ▲

Title or Position ▼ **TREASURER**

Telephone number **248** – **371** – **7271**

Full Name of Designated Agent: **MARY SCHELL**

Mailing Address: **4288 WEST DUBLIN GRANVILLE ROAD**

P.O. BOX 256

DUBLIN | **OH** | **43017** –

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: **ASST. TREASURER**

Telephone number: **614** – **764** – **3437**

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.: **COMERICA BANK**

Mailing Address: **PAC SERVICES**

P.O. BOX 75000

DETROIT | **MI** | **48275** – **2250**

CITY ▲ | STATE ▲ | ZIP CODE ▲

Name of Bank, Depository, etc.:

Mailing Address:

CITY ▲ | STATE ▲ | ZIP CODE ▲

A. Form/Schedule : **F1A** Changing Treasurers

Transaction ID :