

**HAND DELIVERED**

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED

2014 JUN -2 PM 3:32  
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

F r i e n d s o f L e n a r

ADDRESS (number and street)

P . O . B o x , 6 6 1 5 2

(Check if address is changed)

w a s h i n g t o n

CITY ▲

D C

STATE ▲

2 0 0 3 5 -

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

d a v i d . s a t t e r f i e l d @ a r e n t f o x . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

w w w . l e n a r w h i t n e y . c o m

2. DATE

MM / DD / YYYY  
0 6 / 0 2 / 2 0 1 4

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 David Satterfield

Signature of Treasurer

Date

MM / DD / YYYY  
6 / 2 / 2014

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

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

14031242963

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 L e n a r W h i t n e y

Candidate Party Affiliation  R  E  P      Office Sought:  House    Senate    President      State  L  A      District  0  6

- (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.)

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 \_\_\_\_\_

14031242964

Write or Type Committee Name

Friends of Lenar

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

N o n e

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship:  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

D a v i d S a t t e r f i e l d

Mailing Address

1 7 1 7 K S t r e e t , c / o A r e n t F o x L L P  
W a s h i n g t o n D C 2 0 0 3 6

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number

2 0 2 - 8 5 7 - 6 4 6 7

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

D a v i d S a t t e r f i e l d

Mailing Address

1 7 1 7 K S t r e e t , c / o A r e n t F o x L L P  
W a s h i n g t o n D C 2 0 0 3 6

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number

2 0 2 - 8 5 7 - 6 4 6 7

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

W e l l s F a r g o

Mailing Address

1 1 0 0 C o n n e c t i c u t A v e N W

[Grid for Mailing Address Line 2]

W a s h i n g t o n D C 2 0 0 3 6

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

14031242966

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>6/2/14</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
<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"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*ls*  
 PREPARER  
 (8/2013)

*6/3/14*  
 DATE PREPARED

14031242967