

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

Liz Cheney For Wyoming

ADDRESS (number and street)

P. O. Box 697

(Check if address is changed)

Casper

CITY ▲

WY

STATE ▲

82602

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

bev@bsbsolutions.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.cheneyforwyoming.com

2. DATE

03 / 31 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00607556

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 Scarlett, William, , Mr.,

Signature of Treasurer

Scarlett, William, , Mr.,

[Electronically Filed]

Date

03 / 31 / 2020

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)

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 Cheney, Elizabeth, , Mrs.,

Candidate Party Affiliation REP Office Sought: House Senate President State WY 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) 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 _____

Write or Type Committee Name

Liz Cheney For Wyoming

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

Team Cheney

Mailing Address

3538 South Wakefield Street

Arlington

VA

22206

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 SHEA, BEVERLY, , ,

Mailing Address 3538 SOUTH WAKEFIELD STREET

ARLINGTON

VA

22206

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 703 - 309 - 6584

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 Scarlett, William, , Mr.,

Mailing Address P. O. Box 697

Casper

WY

82602

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 307 - 247 - 1414

Full Name of Designated Agent

Shea, Beverly, , ,

Mailing Address

3538 South Wakefield Street

Arlington

VA

22206

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

703

309

6584

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.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVE

MCLEAN

VA

22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address

1711 Fern Street

Alexandria

VA

22302

CITY

STATE

ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

THE VICTORY CLUB

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲