

# 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

Andrew Learned for Congress

ADDRESS (number and street)

3433 Lithia Pinecrest Road

(Check if address is changed)

Ste#249

Valrico

CITY ▲

FL

STATE ▲

33596

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

andrew@andrewlearned.com

Optional Second E-Mail Address

brendastempson@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://AndrewLearned.com

2. DATE

05 / 25 / 2017

3. FEC IDENTIFICATION NUMBER ▶

C C00646455

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 Stempson, Brenda, , ,

Signature of Treasurer Stempson, Brenda, , ,

[Electronically Filed]

Date

11

07

2017

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 Learned, Andrew, , ,

Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President State  FL District  15

- (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

# Andrew Learned for Congress

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

NONE

Mailing Address

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 Stempson, Brenda, , ,

Mailing Address 5103 Broken Sound Lane

Valrico FL 33596

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 813 - 965 - 1913

**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 Stempson, Brenda, , ,

Mailing Address 5103 Broken Sound Lane

Valrico FL 33596

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 813 - 965 - 1913

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 3 - State]

[Empty grid for Mailing Address line 3 - ZIP Code]

[Empty grid for Mailing Address line 3 - ZIP Code extension]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number - Area code]

[Empty grid for Telephone number - Exchange]

[Empty grid for Telephone number - 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.

SunTrust Bank

[Empty grid for Name of Bank, Depository, etc. (SunTrust Bank)]

Mailing Address

3511 Bell Shoals Road

[Empty grid for Mailing Address (3511 Bell Shoals Road)]

[Empty grid for Mailing Address (second line)]

Valrico

[Empty grid for Mailing Address (Valrico)]

FL

[Empty grid for Mailing Address (FL)]

33594

[Empty grid for Mailing Address (33594)]

[Empty grid for Mailing Address (ZIP extension)]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc. (second entry)]

Mailing Address

[Empty grid for Mailing Address (second entry line 1)]

[Empty grid for Mailing Address (second entry line 2)]

[Empty grid for Mailing Address (second entry line 3)]

[Empty grid for Mailing Address (second entry line 3 - State)]

[Empty grid for Mailing Address (second entry line 3 - ZIP Code)]

[Empty grid for Mailing Address (second entry line 3 - ZIP Code extension)]

CITY

STATE

ZIP CODE