

FEC FORM 1

STATEMENT OF ORGANIZATION

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17 JUL 25 PM 3:16

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COMPANIONS OF HEIDI WELLMAN

ADDRESS (number and street)

288 GROVE STREET #134

(Check if address is changed)

BRAINTREE

CITY

MA

STATE

02184

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

HEIDIFORSENATE2@YAHOO.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 / 19 / 2017

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 BRIAN A WELLMAN

Signature of Treasurer

Brian Wellman

Date

07 / 19 / 2017

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.

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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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 HEIDEL WELLMAN

Candidate Party Affiliation REP Office Sought: House Senate President State MA District 00

- (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

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Write or Type Committee Name

COMPANIONS OF HEIDI WELLMAN

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 HEIDI WELLMAN
Mailing Address 288 GROVE STREET, #134
BRAINTREE MA 02184
CITY STATE ZIP CODE

Title or Position CANDIDATE Telephone number 413-772-9570

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 BRIAN WELLMAN
Mailing Address 288 GROVE STREET, #134
BRAINTREE MA 02184
CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 413-772-9570

2011707 22502000242579576

Full Name of Designated Agent

C H R I S T O P H E R W E L L M A N

Mailing Address

2 8 8 G R O V E S T R E E T # 1 3 4

B R A I N T R E E M A 0 2 1 8 4 -

CITY

STATE

ZIP CODE

Title or Position

A S S T T R E A S U R E R

Telephone number

4 1 3 - 7 7 2 - 9 5 7 0

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.

B A N K O F A M E R I C A

Mailing Address

1 7 3 N M A I N S T R E E T

R A N D O L P H M A 0 2 3 6 8 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

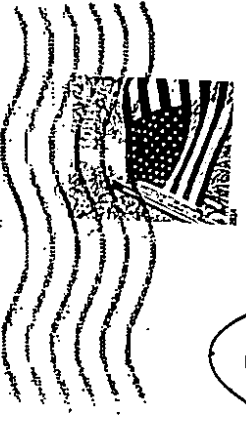
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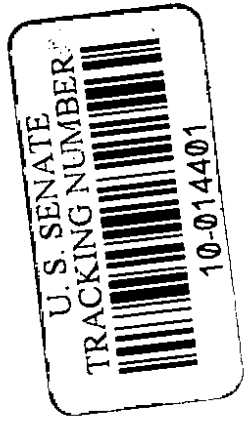
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2878 Grove St #134
Brewster, MA 02184

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United States Senate

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7-20-17
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Postmark

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Postmark

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

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Date of Receipt

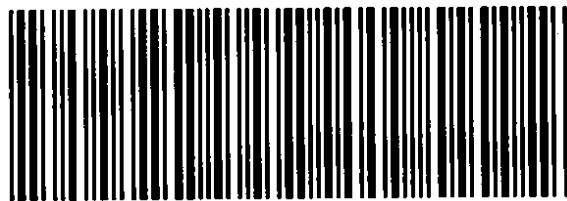
OTHER _____
Date of Receipt or Postmark

PREPARER SR DATE PREPARED 7-25-17

20170725024308



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