PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) FRIENDS OF WARREN CHRISTOPHER 12138 Central Ave ADDRESS (number and street) Suite 971 (Check if address is changed) Mitchelleville 20721 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS FRIENDSOFWARRENCHRISTOPHER@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address warren@warrenchristopherforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00550004 FEC IDENTIFICATION NUMBER 3. X 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. Esq Leticia Carroll Smith Type or Print Name of Treasurer Esq Leticia Carroll Smith [Electronically Filed] 04 2015 Signature of Treasurer Date 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. FEC FORM 1

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

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FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate LTC(R) Warren Christopher	
Candidate Party Affiliation DEM Office Sought: House Senate President	State MD District 04
(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 co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated fund or party
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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3. FEC ID number C	
4.	

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_	FEC Form 1 (I	(Revised 02/2009) Pa	nge 3
٧	Vrite or Type Committ	ttee Name	
	FRIENDS (OF WARREN CHRISTOPHER	
6.	Name of Any Con	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC	Sponsor
,N	IONE		
L			
	Mailing Address		
			- [
		CITY STATE ZIP CO	DE
	Relationship: C	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership	PAC Sponsor
7.	Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in possession .	of committee
		Esq Leticia Carroll Smith	
	Full Name	,5507 Fords Endeavor Drive	
	Mailing Address		
		20720	
		Bowie MD 20720	
	Title or Position	CITY STATE ZIP CO	DE
	Treasurer		- 5544
8.		name and address (phone number optional) of the treasurer of the committee; and the name and ent (e.g., assistant treasurer).	address of
	Full Name E of Treasurer	Esq Leticia Carroll Smith	
	Mailing Address	5507 Fords Endeavor Drive	
		Bowie MD 20720	
	Title or Position	CITY STATE ZIP COI	DE
	Treasurer		- 5544

1 EC 1 011	n 1 (Revised	0 2 / 2009)	Page 4
Full Name of Designated Agent			
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position		Telephone number	
		es: List all banks or other depositories in which the committee deposits fur	
safety deposit be Name of Bank, Mailing Address	oxes or main	tains funds.	
Name of Bank,	oxes or main Depository, e	tains funds. tc.	
Name of Bank,	oxes or main Depository, e	tains funds. tc. 16481 Excalibur Road	20715
Name of Bank,	oxes or main Depository, e	tains funds. tc. 16481 Excalibur Road	20715 ZIP CODE
Name of Bank,	pxes or main	tains funds. tc. 16481 Excalibur Road Bowie CITY STATE	
Name of Bank, Mailing Address	PNC Depository, e	tains funds. tc. 16481 Excalibur Road Bowie CITY STATE	ZIP CODE
Name of Bank, Mailing Address	PNC Depository, e	tains funds. ttc. 16481 Excalibur Road Bowie CITY STATE	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	PNC Depository, e	tains funds. ttc. 16481 Excalibur Road Bowie CITY STATE	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	PNC Depository, e	tains funds. ttc. 16481 Excalibur Road Bowie CITY STATE	ZIP CODE