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2008 JUL 15 AM 10:03

July 14, 2008

Federal Election Commission
999 E Street NW
Washington, DC 20463

Please endorse this transmittal memorandum as acknowledgment of receipt of the enclosed report(s) (original and one copy) and return it in the stamped envelope provided, and please call the Sutton Law Firm with any questions.

Name of Filer: WomenCount PAC (FEC ID# C00450098)

Type of Report: FEC Form 1

Reporting Period: N/A

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#1280.02

28039774149

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

WOMENCOUNT PAC

ADDRESS (number and street)

1016 LINCOLN BLVD., SUITE 303

(Check if address is changed)

SAN FRANCISCO

CA

94129

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

415 - 732 - 7701

2. DATE

05 22 2008

3. FEC IDENTIFICATION NUMBER

C00450098

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

JOAN STECKLER

Signature of Treasurer

Date

05 22 2008

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 12/2007)

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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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

- (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 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: _____
2. _____ FEC ID number: _____
3. _____ FEC ID number: _____
4. _____ FEC ID number: _____
5. _____ FEC ID number: _____

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Write or Type Committee Name

WOMENCOUNT PAC

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

THE SUTTON LAW FIRM

Mailing Address

150 POST STREET, SUITE 405

SAN FRANCISCO

CA

94108

CITY

STATE

ZIP CODE

Title or Position

Custodian of Records

Telephone number

415

732

7700

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

JOAN STECKLER

Mailing Address

1016 LINCOLN BLVD., SUITE 303

SAN FRANCISCO

CA

94129

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

415

248

7824

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Full Name of Designated Agent

ROSEMARY ANN CAMPOSANO

Mailing Address

505 SAN FELICIA WAY

LOS ALTOS

CA

94022

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

650

559

0107

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.

Wells Fargo Bank

Mailing Address

464 California Street

San Francisco

CA

94104

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039774153

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 type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JD

PREPARER
(3/2005)

7/15/08

DATE PREPARED

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