Image# 14941249190				05/21/2014 21 : 32
	STATEMEN			PAGE 1 / 4
FEC	ORGANIZ			
FORM 1				
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	121 1113	
Hillary 2016				
1				
	PO BOX 6150			
ADDRESS (number and street)				
is changed)	Falls Church		VA22	2040
			STATE	
	-			
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	info@presidenthrc2016	.com		
	Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL) hillary2k16.com			
2. DATE 05 / 2				
3. FEC IDENTIFICATION N	JMBER ► C co	00556639		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
	Apil Vincurt			
Type or Print Name of Treasure	r Anil Vinayak			
Signature of Treasurer	/inayak	[Electronically Filed]	Date 05	/ D D / Y Y Y Y 21 2014
NOTE: Submission of false, erron		may subject the person signing the DN SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Form 1 (Revised 02/2009)	Page <b>2</b>
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. (Con information below.)	nplete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of         Candidate         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization i
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 se committee. (i.e., nonconnected committee)	egregated fund or pa
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 tricommittees/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 committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2. FEC ID number	
3 FEC ID number C	
4.	

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Hillary 2016

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

Mailing Address																											
	L																										
																			L	 				-			
								СП	ΓY							S	TAT	E			Z	ΖIΡ	С	OD	Έ		
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.

Eric Willia	ms
Full Name	
Mailing Address	PO BOX 6150
	Falls Church         VA         22040
Title or Position	CITY STATE ZIP CODE
Executive Co-Chair	Telephone number     703     996     4738

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	Anil Vinayak
Mailing Address	PO BOX 6150
	Falls Church         VA         22040         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –         –          –         –
	CITY STATE ZIP CODE

Page 3

Full Name of Designated Agent	Kelley Johnson				
Mailing Address	PO BOX 6150		_		
	Falls Church			VA	22040
	CITY	r		STATE	ZIP CODE
Title or Position				umber 703	996   4738

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 o	f Bank,	Depository,	etc.
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	NK						
Mailing Address	557 South Van Dorn Street						
	Alexandria		2304				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, e	Name of Bank, Depository, etc.						
Mailing Address							
	CITY	STATE	ZIP CODE				