

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Ste. Michelle Wine Estates Political Action Committee

ADDRESS (Number and street)

100 West Putnam Avenue

(Check if address is changed)

Greenwich

CT

06830

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

DCIaraldi@usthq.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2038637250

2. DATE ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
06 / 10 / 2004

3. FEC IDENTIFICATION NUMBER **C C00270421**

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 Thomas E. White

Signature of Treasurer Electronically Filed by Thomas E. White Date ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
06 / 10 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Ste. Michelle Wine Estates _____

Mailing Address _____ P.O. Box 1976 _____

_____ 14111 NE 145th Street _____

_____ Woodinville _____ WA _____ 98072 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ **Connected Organization** _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

Ste. Michelle Wine Estates Political Action Committee

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 Thomas E. White

Mailing Address 100 West Putnam Avenue

Greenwich CT 06830 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 203 - 622 - 3696

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 Kenneth R. Hopson

Mailing Address 100 West Putnam Avenue

Greenwich CT 06830 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 203 - 622 - 3386

Full Name of Designated Agent Thomas E. White

Mailing Address 100 West Putnam Avenue

Greenwich CT 06830 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 203 - 622 - 3696

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.

PNC Bank

Mailing Address

500 First Avenue

Pittsburgh

PA

15219 -

CITY Δ

STATE Δ

ZIP CODE Δ

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____
