PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rightnow Women PAC PO Box 30844 ADDRESS (number and street) (Check if address is changed) Bethesda 20824 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00551366 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. Richard Springer Type or Print Name of Treasurer Richard Springer [Electronically Filed] 19 2013 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE 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. (Complinformation below.)	ete the candidate
Nam Can	e of didate		
	didate / Affiliation	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	N 4! -
(d)		· · · · · ·	Democratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrommittee. (i.e., nonconnected committee)	regated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		<u> </u>
Rightnow Wor	nen PAC	
	d Organization, Affiliated Committee, Joint Fundraising Representation	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponso
Custodian of Records: looks and records.	dentify by name, address (phone number optional) and position of the	e person in possession of committee
Campa	ign Financial Services	
Mailing Address	PO Box 30844	
Mailing Address		
	Bethesda	20824
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	301 - 654 - 3220
. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee., assistant treasurer).	ee; and the name and address of
	Springer	
of Treasurer	PO Box 30844	
Mailing Address		
	Bethesda MD	20824
Title or Position Treasurer	CITY STATE	ZIP CODE 301 654 3220
	Telephone number	

	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY	ATE ZIP CODE
Title or Position		
	Telephone number	
Mailing Address	7901 Wisconsin Avenue	
	Bethesda	MD 20814
		MD 20814 — — — — — — — — — — — — — — — — — — —
Name of Bank,	CITY	
Name of Bank,	CITY	
	CITY ST/	
	CITY ST/	
Name of Bank, Mailing Address	CITY ST/	