

**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

NATIONAL WOMEN'S POLITICAL CAUCUS CAMPAIGN SUPPORT COMMITTEE

ADDRESS (number and street)

1712 EYE STREET NW SUITE 505



(Check if address is changed)

Suite 310

WASHINGTON

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@nwpc.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.nwpc.org

COMMITTEE'S FAX NUMBER

2027853605

2. DATE

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 8

3. FEC IDENTIFICATION NUMBER

C C00034256

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 **Becky Gaspar**Signature of Treasurer Electronically Filed by **Becky Gaspar**

Date

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 8

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 02/2003)



Write or Type Committee Name

**NATIONAL WOMEN'S POLITICAL CAUCUS CAMPAIGN SUPPORT 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 **Patti Hattleberg**

Mailing Address **1712 Eye Street, NW**

**Suite 505**

**Washington DC 20006**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Custodian of Records** Telephone number **202 785 1100**

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 **Becky Gaspar**

Mailing Address **101 N 7th St.**

**#250**

**Phoenix AZ 85034**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer** Telephone number **602 223 4337**

Full Name of Designated Agent **Becky Gaspar**

Mailing Address **101 N 7th St.**

**#250**

**Phoenix AZ 85034**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer** Telephone number **602 223 4337**

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.

SunTrust National Bank

Mailing Address

1875 Eye Street, NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲