FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	URGANIZAT	ION	
	(See instructions)		Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
NATIONAL W	OMEN'S POLITICAL CAUCUS CAMP	AIGN SUPPORT COMMIT	ITEE
ADDRESS (number and	street) 1712 EYE STREET NW S	SUITE 505	
(Check if add	Suite 310		
is changed)	WASHINGTON		DC 20006 - 1
COMMITTEE'S E-MA		ΓY ▲	STATE▲ ZIP CODE ▲
info@nwpc.or			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
www.nwpc.oi	.g		
0,1			1
3. FEC IDENTIFICA	ATION NUMBER C	C00034256	
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my knowled	ge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Becky Gaspar		
Signature of Treasure	Electronically Filed by Becky Gaspa	r	Date 01 / 31 / YYYYY
NOTE: Submission of fa	alse, erroneous, or incomplete information may sub	, , ,	
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530	

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	FEO For r	n 1 (Revised 02/2003)	Page 2
5.	TYPE OF CO	MMITTEE (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 information below.)	candidate
	Name of Candidate		
	Candidate Party Affiliatio	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
L	None		
L			
	Mailing Addre	ss	
		CITY ≜ STATE ≜	ZIP CODE
	Relationship Type of Conne	ected Organization:	
		oration Corporation w/o Capital Stock Labor Organiza	ation
			uioi i
	iviem	bership Organization Trade Association Cooperative	

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Write or Type Committee Name

	ecords: Identify by r Committee books ar	name, address, (phone numbe nd records.	r optional), and po	sition of th	e person in	
Full Name	Patti Hattleberg	<u> </u>				
Mailing Address		1712 Eye Street, NW				
		Suite 505				
		Washington		<u> </u>	20006	
Title or Position	▼	CITY A	STA	TE▲	ZIP COI	DE A
	Custodian of Reco	rds	Telephone number	202	785 	1100
Treasurer: Lis	st the name and addr dress of any designat	ess (phone number optional ed agent (e.g., assistant treasu	l) of the treasurer of t urer).	he commit	tee; and the	
Full Name	Becky Gaspar					
of Treasurer						
of Treasurer Mailing Address		101 N 7th St.				
		101 N 7th St. #250				
				<u>z</u> _	85034 _	
		#250		Z	85034 ZIP CO	DE &
Mailing Address		#250 Phoenix				DE A
Mailing Address	₩	#250 Phoenix	STA	TE ≜	ZIP CO	
Mailing Address Title or Position Full Name of Designated	▼ Treasurer	#250 Phoenix	STA	TE ≜	ZIP CO	
Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer	#250 Phoenix CITY A	STA	TE ≜	ZIP CO	
Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer	#250 Phoenix CITY A 101 N 7th St.	STA	TE ▲ 602	ZIP CO	
Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer Becky Gaspar	#250 Phoenix CITY A 101 N 7th St. #250	Telephone number	TE ▲ 602	ZIP CO	4337

FEC. Form 1 (Revised 02/2003)	

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

Name of Bank, Depository, etc	
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Mailing Address		ı			-1				l		1		1					1	ı	ı	ı			ı								
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ZIP CODE A

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