STATEMENT OF

PAGE 1 / 14

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. Elise for Congress PO Box 500 ADDRESS (number and street) (Check if address is changed) Glens Falls 12801 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.eliseforcongress.com (Check if address is changed) DATE 2019 C00547893 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Hobbs, Cabell, , , Type or Print Name of Treasurer Hobbs, Cabell, , , [Electronically Filed] 10 2019 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

EEC Form 1 (Povisod 02/2000)	Page 2
FEC Form 1 (Revised 02/2009) TYPE OF COMMITTEE	Page 2
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. (Compinformation below.)	plete the candidate
Name of Stefanik, Elise, M., ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State NY District 21
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	(Dama ayatia
	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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) This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fundraising Representative:	
	o or more political
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	
committees/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 tw	
committees/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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	
committees/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 tw committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser	
committees/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 tw committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number	

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na		- Tage U
Elise for Cong		
	I Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Americans United for		
Afficialis Officed for		
Mailing Address	228 S. Washington Street	
	Alexandria VA CITY STATE	22314 ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponso
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the pers	on in possession of committee
Hobbs, Full Name	Cabell, , ,	
Mailing Address	PO Box 365	
	McLean VA	22101
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; ar , assistant treasurer).	nd the name and address of
Full Name Hobbs, 0	Cabell, , ,	
Mailing Address	PO Box 365	
	McLean VA	22101
Title or Position Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

FEC Fo	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Hobbs, Cabell, , ,	
Mailing Address	PO Box 365 s	
	McLean CITY STATE 22101	ZIP CODE
Title or Position Treasurer	n Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds. Depository, etc.	accounts, rents
	BB&T	
Mailing Address	1909 K Street NW	
	Washington DC 20006	
	CITY STATE	ZIP CODE
Name of Bank,	, Depository, etc.	
	Chain Bridge Bank	
Mailing Address	1445-A Laughlin Ave	
	McLean VA 22101	
	CITY STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
=	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
ELISE VICTORY	Y FUND		
Mailing Address	PO BOX 500		
	GLENS FALLS	NY	12801
B 1 11 11		STATE ▲	ZIP CODE ▲
Relationship:	CITY ▲ ted Organization	int Fundraising Represent	ative Leadership PAC Spo
Connec		int Fundraising Represent	ative Leadership PAC Spo
Connec	ted Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident	ted Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connection Connectica Connection	ted Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connection Connectica Connection	ted Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connection Connectica Connection	ted Organization Affiliated Committee Affiliated Committee Journal Total Total	int Fundraising Represent	Leadership PAC Spo
Connection Designated Agent: Identify Full Name Mailing Address	ted Organization		
Connection Designated Agent: Identify Full Name Mailing Address	ted Organization	STATE A	
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposition	ted Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositafety deposit boxes or research.	Affiliated Committee ** Joe tify by name, address (phone number – optional) ** CITY A ** CITY A ** tories: List all banks or other depositories in which maintains funds.	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositafety deposit boxes or research.	ted Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositatety deposit boxes or related to the position of Bank, Wells	Affiliated Committee ** Joe tify by name, address (phone number – optional) ** CITY A ** CITY A ** tories: List all banks or other depositories in which maintains funds.	STATE A Telephone Number	ZIP CODE A
Connection Designated Agent: Identify Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions boxes or residence of Bank, Depository, etc.	Affiliated Committee ** Joe tify by name, address (phone number – optional) **CITY A **CITY A **Tories: List all banks or other depositories in which maintains funds. **S Fargo	STATE A Telephone Number	ZIP CODE A
Connection Designated Agent: Identify Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions boxes or residence of Bank, Depository, etc.	Affiliated Committee ** Joe tify by name, address (phone number – optional) **CITY A **CITY A **Tories: List all banks or other depositories in which maintains funds. **S Fargo	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page 6 of 14

or(h). Joint Fundraisi n	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
		FEC ID number	С
4			
Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Representativ	re, or Leadership PAC Sponsor
Fresh Voices Fun	ıd		
Mailing Address	Po Box 365		
	McLean	VA	22101
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	y by name, address (phone number - option		
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in aintains funds.	which the committee deposi	ts funds, holds accounts, rents
Name of Bank, Depository, etc.			
Mailing Address			
J			
			1 , , , , , 1–1 , ,

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:			
1.		FEC ID	number	С
2.		FEC ID	number	С
3.		FEC ID	number	С
4.		FEC ID	number	C
=	Organization, Affiliated Committee, Joint	Fundraising Rep	resentativ	e, or Leadership PAC Spon
GOP Winning Wo	omen			
<u> </u>			1 1 1	
	228 S. Washington Street			
Mailing Address				
	Alexandria		∟ VA	22314
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	X Joint Fundraising	Represent	ative Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee fy by name, address (phone number – optic		Represent	ative Leadership PAC Sp
esignated Agent: Identif			Represent	ative Leadership PAC Sp
esignated Agent: Identif			Represent	ative Leadership PAC Sp
esignated Agent: Identif			Represent	ative Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optic	nal)		
esignated Agent: Identii	fy by name, address (phone number – optic	nal)	Represent	
esignated Agent: Identif	fy by name, address (phone number – optic	nal)	STATE A	
esignated Agent: Identif	fy by name, address (phone number – optic	nal)	STATE A	
esignated Agent: Identification Full Name	fy by name, address (phone number – optic	Telephone No	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marked and the second s	fy by name, address (phone number – optic	Telephone No	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optic	Telephone No	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and	fy by name, address (phone number – optic	Telephone No	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optic	Telephone No	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optic	Telephone No	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(q)	or(h). Joint Fundraisin	ıq Participant:		
(0)	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Sponsor
	New York Majority	y Victory		
		D. D. 00		
	Mailing Address	Po Box 98		
		South Salem	NY NY	10590
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE A
		•	STATE A	ZIP CODE A
9.	TITLE OR POSITION	▼ 	elephone Number	
9.	TITLE OR POSITION	Tes: List all banks or other depositories in which	elephone Number	
9.	TITLE OR POSITION	Tes: List all banks or other depositories in which	elephone Number	
9.	TITLE OR POSITION Banks or Other Deposito safety deposit boxes or many Name of Bank,	Tes: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	Tes: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	Tes: List all banks or other depositories in which	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or ((h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
_				
6. N		Organization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
	RISE Project			
		₁ PO BOX 2485		
	Mailing Address			
		SPRINGFIELD	L VA	22152
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	Leadership PAC Sponsor
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
8. D	Pesignated Agent: Identify	by name, address (phone number – optional)		
8. D		by name, address (phone number – optional)		
8. D	Full Name	by name, address (phone number – optional)		
— 8. D	Full Name			
— 8. D	Full Name	CITY	STATE A	ZIP CODE A
- 8. D	Full Name	CITY A	STATE A	ZIP CODE A
8. D	Full Name	CITY A	STATE A	
9. B	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma	CITY A Tele Ties: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. B	Full Name Mailing Address TITLE OR POSITION	CITY A Tele Ties: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. B	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma	CITY A Tele Ties: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. B	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	CITY A Tele Ties: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. B	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	CITY A Tele Ties: List all banks or other depositories in which the	ephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Strengthen Ameri	ica Committee		
	138 Conant Street 2nd Floor		
Mailing Address			
			04045
	Beverly	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC S
	d Organization Affiliated Committee Joint	int Fundraising Represent	ative Leadership PAC S
		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited aftery deposit boxes or maintains.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor difety deposit boxes or maintenance of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	g Participant:				
1			F	EC ID number	C
2			F	EC ID number	С
3.			F	EC ID number	С
4.			F	FEC ID number	C
		ted Committee, Join	nt Fundraisir	ng Representativ	re, or Leadership PAC Spor
Support Republic	an Women JFC				
	Po Box 26141				
Mailing Address					
	Alexandria			L VA	22313
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
		ffiliated Committee		draising Represent	tative Leadership PAC S
esignated Agent: Identif				draising Represent	tative Leadership PAC S
esignated Agent: Identif				draising Represent	tative Leadership PAC S
esignated Agent: Identif				draising Represent	tative Leadership PAC S
esignated Agent: Identif	y by name, address (p	phone number – opti	ional)		
esignated Agent: Identif	y by name, address (p	phone number – opti	ional)		
esignated Agent: Identif Full Name Mailing Address	y by name, address (p	phone number – opti	ional)		
esignated Agent: Identif Full Name Mailing Address	y by name, address (p	phone number – opti	ional)	STATE A	
Full Name Mailing Address TITLE OR POSITION	y by name, address (p	ohone number – opti	ional)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	y by name, address (p	ohone number – opti	ional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or ma	y by name, address (p	ohone number – opti	ional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or ma	y by name, address (p	ohone number – opti	ional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or material depositions, epository, etc.	y by name, address (p	ohone number – opti	ional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or material depositions, epository, etc.	y by name, address (p	ohone number – opti	ional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1	- 	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Take Back the Ho	use 2020		
	Mailing Address	PO Box 30844		
		Bethesda	MD	20824
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representat	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY		
8.	Full Name	CITY A	STATE ▲	ZIP CODE A
8.	Full Name	CITY A		
	Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
8. 9.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE A ephone Number	ZIP CODE ZIP CODE funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY A Tele ries: List all banks or other depositories in which the intains funds.	STATE A ephone Number	ZIP CODE ZIP CODE funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A Tele ries: List all banks or other depositories in which the intains funds.	STATE A ephone Number	ZIP CODE ZIP CODE funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A Tele ries: List all banks or other depositories in which the intains funds.	STATE A ephone Number	ZIP CODE ZIP CODE funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Winning Women	Organization, Affiliated Committee, Joint Funda GOP California	raising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. Washington Street		
-			
	Alexandria	VA I	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC S
	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Tendraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited deposit boxes or mail	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
Winning Women	Notiony 2018		
Mailing Address	228 S. Washington Street		
	l Alexandria	VA I	22314
Relationship:	CITY A	STATE ▲	ZIP CODE Leadership PAC Specific PAC Speci
Connec	CITY A		
Connection Connectica Connection Connectica Connection Connection Connection Connection Connection Connectica Connection Connection Connection Connection Connection Connectica Connection Connection Connectica Connectica Connectica Connectica Connectica Connectica Connectica Connectica Connectica	CITY ▲ ted Organization Affiliated Committee		
Connect Connec	CITY ▲ ted Organization Affiliated Committee		
Pesignated Agent: Identification Full Name Mailing Address	CITY A ted Organization Affiliated Committee Affiliated Committee CITY A	oint Fundraising Representa	Leadership PAC Spo
Connect Connec	CITY A ted Organization Affiliated Committee Affiliated Committee CITY A		