FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	12FE4M5
Ste. Michel	le Wine Estates Ltd. Political Action	n Committee
ADDRESS (number an Check if addition is changed)	Suite 400 W	
		STATE ZIP CODE
X (Check if a is changed) PAGE ADDRESS (URL) ddress / 01 / 2011	
4. IS THIS STATEM		
Type or Print Name o Signature of Treasure	Gavle Drisco	Date 12 01 2011 ag this Statement to the penalties of 2 U.S.C. §437g.
Office Use Only	For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	

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		OMMITTEE	
Can	ndidate	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. (Cor information below.)	nplete the candidate
Nam Cano	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Canc	e of didate		
Par	ty Con	mittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		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 s committee. (i.e., nonconnected committee)	egregated 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 Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	EC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

Ste. Michelle Wine Estates Ltd. Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Ste. Michelle Wine Est	ates Ltd.		
Mailing Address	14111 NE 145th Street		
	Woodinville	WA 98072	
	CITY	STATE ZIP CODE	
Relationship: X Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Spons	sor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Richard M	cDonnell
Full Name	
Mailing Address	101 Constitution Avenue NW
	Suite 400W
	Washington DC 20001
Title or Position	CITY STATE ZIP CODE
Asst. Treasurer	Telephone number

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	Gayle Drisco
Mailing Address	101 Constitution Ave NW
	Suite 400W
	Washington DC 20001
	CITY STATE ZIP CODE
Title or Position Treasurer	Image:

Full Name of Designated Agent	Richard McDonnell		
Mailing Address	101 Constitution Ave NW		
	Suite 400W		
	U Washington	DC 20001	
	CITY		

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.

Chain	Bridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	Mclean	VA 22	2101
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
]
Mailing Address			
	$\lfloor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
	CITY	STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 0	06/2011)		Page 5
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.		Ids accounts, rents ADDITIONAL]
]
Mailing Address			
		L L	
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	anization, Affiliated Committee, Joint Fundrais Administrators and Managers Pol		
Deletionekin	CITY	STATE 📥	ZIP CODE 📥
Relationship: Connected Organization	X Affiliated Committee Joint Fundrais	sing Representative	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY 🌢	STATE	
Joint Fundraiser Participant		-	[ADDITIONAL]
		FEC ID number	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	intains funds.		olds accounts, rents [ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	Organization, Affiliated Committee, Joint Fundraising Olitical Action Committee	g Representative, or Lead	[ADDITIONAL ership PAC Sponsor
Mailing Address	101 Constitution Avenue NW		
Maining Address	Suite 400W		
	Washington		20001
ationship	Washington		
ationship: Connected Organization			
Connected Organization			
			ZIP CODE
Connected Organization Designated Agent			ZIP CODE
Connected Organization Designated Agent Full Name			ZIP CODE
Connected Organization Designated Agent Full Name			ZIP CODE
Connected Organization Designated Agent Full Name Mailing Address	CITY	STATE	I I