

2010 JAN -5 AM 11:56

HOLLAND & HART ^{LLP}



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shmarks@hollandhart.com

December 31, 2009

VIA U.S. MAIL

Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

Re: Electing Women PAC

To the Office of the Federal Election Commission:

Enclosed please find the Statement of Organization (FEC Form 1) for our client, Electing Women PAC, a nonconnected PAC.

Please note that I have included for your reference an additional unsigned version of page 1 of the Form because the signed version was faxed and some of the content is difficult to read.

Please contact me at (303) 295-8470 with any questions.

Sincerely,

Sarah H. Marks
for Holland & Hart LLP

SHM
Enclosures

cc: D. Scott Martinez (Attorney for Holland & Hart, LLP)
Judith Wagner
Heather Lurie

4694321_1.DOC

Holland & Hart ^{LLP}

Phone [303] 295-8000 Fax [303] 295-8261 www.hollandhart.com

555 17th Street Suite 3200 Denver, CO 80202 Mailing Address P.O. Box 8749 Denver, CO 80201-8749

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☉

10030210469

Note: RECEIVED reference
 FEC MAIL CENTER
 purposes only
 2010 JAN -5 AM 11:56

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

E L E C T I N G W O M E N P A C

ADDRESS (number and street)

P O B O X 6 5 3 6

(Check if address is changed)

D E N V E R C O 8 0 2 0 6

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

e l e c t i n g . w o m e n , @ g m a i l . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

1 2 3 1 2 0 0 9

3. FEC IDENTIFICATION NUMBER

C

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 Judith B. Wagner

Signature of Treasurer

Date

1 2 3 1 2 0 0 9

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 02/2009)

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4N5

E, L, E, C, T, I, O, N, O, F, E, M, P, A, C, E

ADDRESS (number and street)

(Check if address
is changed)

P, O, B, O, X, 6, 5, 3, 6

D, E, N, V, E, R, C, O, 8, 0, 2, 0, 6

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

e, l, e, c, t, i, o, n, o, f, e, m, p, a, c, e, @, c, o, m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE 1 2 3 1 2 0 0 9

3. FEC IDENTIFICATION NUMBER

C

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 Judith B. Wagner

Signature of Treasurer

J. B. Wagner

Date 1 2 3 1 2 0 0 9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5427g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-434-1100

FEC FORM 1
(Revised 02/2009)

10030210471

5. TYPE OF COMMITTEE

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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

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:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input checked="" type="checkbox"/>
2.	_____	FEC ID number	<input checked="" type="checkbox"/>
3.	_____	FEC ID number	<input checked="" type="checkbox"/>
4.	_____	FEC ID number	<input checked="" type="checkbox"/>

10030210472

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

M S . H E A T H E R L U R I E

Mailing Address

P . O . B O X 6 5 3 6

[Empty grid lines for address]

D E N V E R C O 8 0 2 0 6

Title or Position

CITY

STATE

ZIP CODE

A S S I S T A N T T R E A S U R E R

Telephone number

3 0 3 - 4 3 4 - 3 6 1 3

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

M S . J U D I T H B . W A G N E R

Mailing Address

P . O . B O X 6 5 3 6

[Empty grid lines for address]

D E N V E R C O 8 0 2 0 6

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

[Empty grid lines for phone number]

10030210473

Full Name of Designated Agent

M, S, . . . H, E, A, T, H, E, R, L, U, R, I, E,

Mailing Address

P, ., O, . . . B, O, X, 6, 5, 3, 6

D, E, N, V, E, R, . . . C, O, 8, 0, 2, 0, 6, -

CITY

STATE

ZIP CODE

Title or Position

A, S, S, I, S, T, A, N, T, T, R, E, A, S, U, R, E, R,

Telephone number

3, 0, 3, - 4, 3, 4, - 3, 6, 1, 3

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.

C, O, L, O, R, A, D, O, B, U, S, I, N, E, S, S, B, A, N, K,

Mailing Address

3, 0, 1, U, N, I, V, E, R, S, I, T, Y, B, L, V, D, .

D, E, N, V, E, R, . . . C, O, 8, 0, 2, 0, 6, -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030210474

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

10030210475

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

1/5/10
 DATE PREPARED