Image# 14961262644				06/16/2014 10 : 24
FEC FORM 1	STATEMEN ORGANIZA		Off	PAGE 1 / 4
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	× is changed)	over the lines.	101 0 1010	
Women's Campa	aign Fund PAC (V	VCF PAC)		
	1900 L St NW			
ADDRESS (number and street)	Suite 500			
(Check if address is changed)				
	Washington			
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
 (Check if address is changed) 	clare@wcfonline.org			<u></u>
is onanged)	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 06 / 1	2 / Y Y Y Y 2014			
3. FEC IDENTIFICATION N	UMBER ► C co	0424150		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	er Clare Bresnahan			
Signature of Treasurer	e Bresnahan	[Electronically Filed]	Date 06	16 / Y Y Y Y 2014
NOTE: Submission of false, erron	eous, or incomplete information r ANY CHANGE IN INFORMATIC			penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

06/16/2014 10 : 24

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F	FEC FO	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	
Can	didate	e 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 Cand			
Cand Party	lidate ⁄ Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		X 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 separate committee. (i.e., nonconnected committee)	gregated fund or part
		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 tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

Title or Position

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Women's Campaign Fund PAC (WCF PAC)

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

V	Vomen's Cam	paign Fund																
L																		
	Mailing Address	1900 L St NV																
		Suite 500																
		Washington								DC		200	36					
				CITY						STAT	E			ZIP	COD	١E		
	Relationship: X	Connected Organization	Affiliate	ed Comr	nittee	IJ	oint F	undra	iising	Repres	sentati	ive	Lea	aders	hip F	'AC	Spor	isor
7.	Custodian of Real books and records	cords: Identify by name,	address (pl	none nu	mber ·	opti	ional)	and	positio	on of t	ne pe	rson i	n pos	sess	ion c	of co	mmi	tee
		Clare Bresnahan																
	Full Name																	
	Mailing Address	1900 L St NV	V															
		Suite 500											I					
		Washington								DC		200	36					

Treasurer	Telephone number	202 393 8164
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STATE

ZIP CODE

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).

CITY

Full Name of Treasurer	Clare Bresnahan
Mailing Address	1900 L St NW
	Suite 500
	Washington DC 20036 -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 393 8164

Full Name of Designated Agent	Linda Paulson	
Mailing Address	1900 L St NW	
	Suite 500	
	Washington	DC 20036
	CITY	STATE ZIP CODE
Title or Position	urer	202 - 393 - 8164 Telephone number

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.

	Wells Fargo		
Mailing Address	2000 L St NW		
	Washington		
	CITY	STATE ZIP CODE	
Name of Bank, D	epository, etc.		_
Mailing Address			
	CITY	STATE ZIP CODE	