Image# 12951315649 PAGE 1 / 5

STATEMENT OF

(Office	Use	Only		
÷	_	_			
_					

FEC FORM 1		ORGAN	NZATI(ON		Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if nar is changed)		imple:If typing, type r the lines.	12FE4M5	
Ste. Miche	elle Wir	ne Estates L	_td. Pol	itical Action	Committ	æe
		101.0 "" "	<u> </u>			
ADDRESS (number a	nd street)	101 Constitution Aver	nue, NW			
(Check if and is changed)		Suite 400 W Washington			DC	20001
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only AltriaPac-FEC@altri		ddress)		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)				
(Check if is change						
2. DATE 03	M / D 3					
3. FEC IDENTIFIC	CATION NU	MBER (C002704	21		
4. IS THIS STATE	MENT	NEW (N)	or >	AMENDED (A)		
I certify that I have e	examined thi	is Statement and to th	e best of my	knowledge and belief	it is true, correct	and complete.
Type or Print Name	of Treasurer	Gayle Drisco				
Signature of Treasure	Gayle D	risco		[Electronically Filed]	Date 03	22 / 2012
NOTE: Submission of		·	•	bject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only				For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	OMMITTEE • 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. (Cominformation below.)	plete the candidate
Nam Cand	e of lidate		
	lidate ⁄ Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	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 cor	nnected organization is a:
		X 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 so 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 Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

Г			_
FEC Form 1 (Revised (02/2009)		Page 3
Write or Type Committee Name			- 3
Ste Michelle W	ine Estates Ltd. Polit	ical Action Committe	9 . 6
	Organization, Affiliated Committee, Joint		
Ste. Michelle Wine Est		3	
Ste. Wildrielle Wille Est	ales Liu.		
Mailing Address	14111 NE 145th Street		
· ·			
	Woodinville	WA 98072	
	CITY	STATE	ZIP CODE
_	_	_	
Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising Representative	_eadership PAC Sponsor
 Custodian of Records: Ider books and records. Richard M. Full Name 	cDonnell	optional) and position of the person in p	ossession of committee
	101 Constitution Avenue, NW		
Mailing Address	Suite 400W		
		, DC , 20001	
	Washington	DC 20001	
Title or Position	CITY	STATE	ZIP CODE
Assistant Treasurer		Telephone number 202 - [354 - 1500
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of t assistant treasurer).	he treasurer of the committee; and the	name and address of
Full Name Gayle Drise of Treasurer	co		
Mailing Address	101 Constitution Ave, NW		
3	Suite 400W		
	Washington	DC 20001	

CITY

STATE

Telephone number

202

ZIP CODE

1512

354

FEC FORM 1 (F	Revised 02/2009)	
Full Name of Designated Rich	chard McDonnell	
Agent		
Mailing Address	101 Constitution Ave, NW	
	Suite 400W	
	Washington	20001
Til	CITY STATE	ZIP CODE
Title or Position Assistant Treasurer	Telephone number	202 - 354 - 1500
Banks or Other Deposafety deposit boxes of	ositories: List all banks or other depositories in which the committee deposition maintains funds.	s funds, holds accounts, rents
Name of Bank Denos		
Name of Bank, Depos		
Ch	sitory, etc.	
	nain Bridge Bank	
Ch	nain Bridge Bank	
Ch	nain Bridge Bank	
Ch	nain Bridge Bank 1445-A Laughlin Avenue	22101
Cr	nain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	
Mailing Address	nain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	
Mailing Address	nain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	
Mailing Address Name of Bank, Depos	nain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	
Mailing Address Name of Bank, Depos	nain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Altria Group, Inc. Political Action Committee (AltriaPAC) 101 Constitution Ave, NW Mailing Address Suite 400W DC 20001 Washington **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number