FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruction	_	Office use only
NAME OF COMMITTEE (in fi	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
EMILY's List			
ADDRESS (number and si	reet) 1120 Connecticut Av	venue NW	
(Check if addre			DC: 20036
	Washington		DC 20036 - 1 1 1
COMMITTEE'S E-MAIL	ADDRESS	CITY▲	STATE▲ ZIP CODE ▲
cfines@emilysl			
	AASS ARRESON (URL)		
COMMITTEE'S WEB F			
www.emiiysiis	1.51g		
COMMITTEE'S FAX N	JMBER		
سا لسا			
2. DATE 0.3	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICAT	TION NUMBER	C C00193433	
4. IS THIS STATEME	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my known	owledge and belief it is true, correct a	nd complete
Time or Drint Name of T	Treasurer Judy Lichtman		
Type or Print Name of T	reasurer		
Signature of Treasurer	Electronically Filed by Judy Lich	ıtman	Date 03 / D D / Y Y Y Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incomplete information ma	y subject the person signing this Sta	
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(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 cainformation below.)	andidate
	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	
		emocratic, oublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
l		.
	Mailing Address	
	CITY▲ STATE▲ 2	ZIP CODE A
	•···•	
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name	02/2003)		Page 3
EMILY's List			
Custodian of Records: Id possession of Committee	lentify by name, address, (phone number books and records.	er optional), and position of th	ne person in
Full Name Caroli	ne Fines		
Mailing Address	1120 Connecticut Ave I	NW	
	Suite 1100		
	Washington	DC	20036 _
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
Assistant	Treasurer	202 Telephone number	
of Treasurer Judy L Mailing Address	Lichtman 1875 Connecticut Ave I	NW	
	0.41.050		
	Suite 650		00000
	Suite 650 Washington		20009
Title or Position ♥		DC	20009
Title or Position ♥ Treasurer	Washington CITY A		
Treasurer Full Name of Designated	Washington CITY A	STATE \$	ZIP CODE ▲
Treasurer Full Name of Designated	Washington CITY ▲	STATE A Telephone number	ZIP CODE ▲
Full Name of Designated Agent Britt C	Washington CITY A	STATE A Telephone number	ZIP CODE ▲
Full Name of Designated Agent Britt C	Washington CITY A Cocanour 1120 Connecticut Aven	STATE A Telephone number	ZIP CODE ▲
Full Name of Designated Agent Britt C	Washington CITY A Cocanour 1120 Connecticut Aven Ste 1100	STATE Telephone number 202 ue, NW	ZIP CODE A

	FEC Form 1 (F	Revised 02/2003)	Page 4
9.	Banks or Other Deposafety deposit boxes of Name of Bank, Depos	or maintains funds.	nts, rents
	Mailing Address	Bank of America 1501 Pennsylvania Ave NW	
		Washington DC 200	36
		CITY 🛆 STATE 🗸 ZII	P CODE 🛆

Membership Organization

FEC Form 1 (Revise	d 1/2001)	Page 5 / 8
Banks or Other Depositor safety deposit boxes or mair Name of Bank, Depository,	ntains funds.	ee deposits funds, holds accounts, rents
Meri	rill Lynch	
Mailing Address	1850 K Street NW	
	Washington	
	Washington	DC
	CITY 🛆	STATE △ ZIP CODE △
Name of Any Connected	Organization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected	Organization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected	Organization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected Mailing Address	Organization or Affiliated Committee	[ADDITIONAL]
	Organization or Affiliated Committee	[ADDITIONAL]
	Organization or Affiliated Committee	[ADDITIONAL]
	Organization or Affiliated Committee	[ADDITIONAL] STATE A ZIP CODE A
Mailing Address	CITYA	

Trade Association

Cooperative

Designated Agent		[ADDITIONAL]
Full Name Mailing Address		
Title or Position ♥	CITY A	
		elephone number = =

FEC Form 1 (Revised	1/2001)			Page 7 / 8
Banks or Other Depositoric safety deposit boxes or maint	ains funds.	depositories in which the committ		accounts, rents
Name of Bank, Depository, et	c.		L ⁴	ADDITIONAL J
City N	National Bank			
Mailing Address	2029 Century Park	ː East		
	B Level			
	Los Angeles		CA	90067
		CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connected C	Organization or Affiliated C	ommittee	[4	ADDITIONAL]
Mailing Address				
		CITY	STATE A	ZIP CODE 🛦
Relationship				
Type of Connected Organiza	ation:			
Corporation	C	orporation w/o Capital Stock	Labor Orga	nization
Membership Organ	ization T ₁	rade Association	Cooperative	9

Designated Agent		1	ADDITIONAL]
Full Name LILILI Mailing Address			
-			
Title or Position ♥	CITY A Te	STATE A	ZIP CODE A