PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Value In Electing Women Political Action Committee 701 8th Street, NW ADDRESS (number and street) Suite 500 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mklesher@wms-jen.com (Check if address is changed) Optional Second E-Mail Address ijconway@shamrockdc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2012 C00327189 FEC IDENTIFICATION NUMBER 3. X 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. Meredith Lesher Type or Print Name of Treasurer Meredith Lesher [Electronically Filed] 07 2012 Signature of Treasurer Date 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			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

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		COMMITTEE				
Can	didate	e Committee:				
(a)	Ш	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. (Complet information below.)	e the candidate			
Name Cand	e of lidate					
	lidate Affiliati	Office on Sought: House Senate President	State			
	7	on Louis Contact Conta	District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Part	ty Con	nmittee:				
(d)		· · · · ·	mocratic, publican, etc.) Party.			
Poli	tical A	ction 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	abor Organization			
		Membership Organization Trade Association C	ooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
	Com	mittees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number				
	3.	FEC ID number C				
	4.					

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Write or Type Committee No		r age c
	ting Women Political Action Commit	tee
1	ed Organization, Affiliated Committee, Joint Fundraising Representa	
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	he person in possession of committee
I	ith Lesher	
Full Name	701 8th Street, NW	
Mailing Address	Suite 500	
	Washington , DC	20001
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 659 - 8201
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the comming., assistant treasurer).	ittee; and the name and address of
Full Name Meredi	th Lesher	ı
of Treasurer	701 8th Street, NW	
Mailing Address		
	Suite 500	
	Washington	
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIE	P CODE
Title or Position	Tolophono number	. [_]
	Telephone number	
Name of Bank, I	Wachovia 20th and L Street, NW	
	Washington DC 20036	
	CITY STATE ZI	P CODE
Name of Bank, [Depository, etc.	
Mailing Address		
	CITY STATE ZI	P CODE