## FEC FORM 1

## STATEMENT OF ORGANIZATION

2012 JAN 20 PM 12: ZP

FORM 1		ORGANIZA	AIION		Office Use Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	Grand day Gray
Women In Lea	dership		<u> </u>		
	1.1.1.1		<u> </u>	1_1_1_1_1_1	
ADDRESS (number a	nd street)	2833 Carob Street			
(Check if a	dress				
(Check if address is changed)	Newport Beach		CAL	92660,	
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one e	-mail address)		
(Check if address	addrace	smseely1@mac.co	<u> </u>		
is change			111111		
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)			
(Check if	address	womeninleadership	q.com		
is changed)		<u> </u>			
2. DATE <b>01</b> .	16	2012			
3. FEC IDENTIFIC	CATION NU	JMBER C <sub>002</sub>	283432		
4. IS THIS STATE	MENT _	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined th	is Statement and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name	of Treasure	Susan Seely			
•		$\sim$		и и	' / ' D · D / Y Y · Y · Y
Signature of Treasure	er			Date 01	16 2012
NOTE: Submission of		eous, or incomplete information			the penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commit		FEC FORM 1

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	COMMITTEE	
Candida	te Cemmittee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NO1 a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		لىبىل
Candidate Party Affil	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 C	ommittee:	
(d)	(National, State This committee is a 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 cor	nnected 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) [2	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.)	
Joint Fu	ndraising 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.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
C	ommittees Participating in Joint Fundraiser	
1.	LI III PEO ID Number C	
2.	FEC ID number C	
3.	FEC ID number C	

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Write or Type Committee	Name .		
Women In Leaders	ship		
6. Name of Any Coanec	ted Organization, Affiliated Committee, Joi	nt Fundraising Represent	ative, or Leadership PAC Sponsor
	<u>                                     </u>	<u> </u>	<u> </u>
Mailing Address			
	CITY	STA	TE ZIP CODE
Relationship: Con	nected Organization Affiliated Committee	Joint Fundraising Repre	esentative Leadership PAC Sponsor
books and records.	: Identify by name, address (phone number -	- optional) and position of	the person in possession of committee
Full Name Jea	pette Miller		
Mailing Address	2003 Yacht Resolute		
	Newport Beach		92660, , , , , , , , , , , , , , , , , , ,
Title or Position	CITY	STAT	E ZIP CODE
Aşsistant Treası	ırer	Telephone number	949  644  4576
8. Treasurer: List the name any designated agent (control of the control of the c	ne and address (phone number optional) o e.g., assistant treasurer).	f the treasurer of the comm	nittee; and the name and address of
Full Name of Treasurer Sus	an Seely	<del></del>	
Mailing Address	1006 Park Aye		
		111111	
	Newport Beach	LLLLL CA	92662
Title or Position	CITY	STAT	E ZIP CODE
Treasurer		Telephone number	949,67,5,1362,

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Full Name of Designated Agent	Melinda Seely	4-1-1-1-1-1
Mailing Address	2833 Carob Street	
	Newport Beach 9266	80
<b>-</b>	CITY STATE	ZIP CODE
Title or Position	Telephone number 949 - [	644,  - 0278
	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc.	olds accounts, rents
safety deposit bo Name of Bank, I	Wells Fargo	olds accounts, rents
safety deposit bo	Wells Fargo	olds accounts, rents
safety deposit bo Name of Bank, I	Wells Fargo	
safety deposit bo Name of Bank, I	oxes or maintains funds.  Depository, etc.  Wells Fargo  21103, Newport Coast Drive	
safety deposit bo Name of Bank, I	Newport Coast  City  State	· 
safety deposit bo Name of Bank, I Mailing Address	Newport Coast  City  State	· 
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo  21103 Newport Coast Drive  Newport Coast  CITY  STATE  Depository, etc.	57 L
safety deposit be Name of Bank, i  Mailing Address  Name of Bank, i	Depository, etc.  Wells Fargo  21103 Newport Coast Drive  Newport Coast  CITY  STATE  Depository, etc.	· 
safety deposit be Name of Bank, i  Mailing Address  Name of Bank, i	Depository, etc.  Wells Fargo  21103 Newport Coast Drive  Newport Coast  CITY  STATE  Depository, etc.	57 L

## 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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED PREPARER