Image# 29992106767

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM	1	OF	KGANIZA	IIO	N		
	-		(See instruction	s)			Office use only
1. NAME OF COMMITT	EE (in full)		heck if name changed)		nple: If typying, type the lines	12FE4M	5
Ste. Micl	nelle Wine E	estates Ltd. P	olitical Action	Comm	ittee 		
ADDRESS (num	ber and street)	101 Co	nstitution Ave	nue, N	W 		
(Check if	address	Suite 4	οο w				
is change	d)	Washir	igton 		шш	DC	
				CITY		STATE	ZIP CODE 📥
COMMITTEE'S	E-MAIL ADD		ovide only one e-m	ail addre	ess)		
(Check if is change		altriapa	nc@altria.com				
COMMITTEE'S (Check if is change	address	ADDRESS (URL					
2. DATE	M M /	D D / Y 2	2009				
3. FEC IDEN	TIFICATION N	IUMBER	C	C00	270421		
4. IS THIS S	<b>FATEMENT</b>	NEW (N	N) OR	Х	AMENDED (A)		
I certify that I hav	e examined this	Statement and to	the best of my know	ledge an	d belief it is true, correct a	and complete	
Type or Print Na	ame of Treasu	rer <b>Ga</b> y	yle Drisco				
Signature of Tre	easurer Ele	ctronically Filed b	y <b>Gayle Dris</b> e	СО		Date 0	5 15 / Y 2009
NOTE: Submissi	on of false, erro				ne person signing this Sta		nalties of 2 U.S.C. §437g.
Offic Use Onl	•				For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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	OMMITTEE (Check One) Committee:				
(a)	This committee is a principal campaign commit	ttee. (Complete the candidate inform	ation below.)		
(b)	This committee is an authorized committee, an information below.)	d is NOT a principal campaign comr	mittee. (Complete the candidate		
Name of Candidate					
Candidate Party Affilia	ion Office Sought:	House Senate	State President District		
(c)	This committee supports/opposes only one can	didate, and is NOT an authorized co	ommittee.		
Name of Candidate					
Party Com					
(d)	·	ational, State subordinate) committee of the	(Democratic, Republican,etc.) Party.		
Political Ac	tion Committee (PAC):				
(e) X	This committee is a separate segregated fund. (	Identify connected organization on li	ine 6.) Its connected organization is a:		
	X Corporation	Corporation w/o Capital Stock	Labor Organization		
	Membership Organization	Trade Association	Cooperative		
	X In addition, this committee is a Lobb	yist/Registrant PAC.			
(f)	This committee supports/opposes more than on committee. (i.e., nonconnected committee)	e Federal candidate, and is NOT a s	separate segregated fund or party		
	In addition, this committee is a Lobbyist/Re	egistrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Inited Front		, , ,			
	aising Representative:				
(g)	This committee collects contributions, pays fundacommittees/organizations, at least one of which is				
(h)	This committee collects contributions, pays fund committees/organizations, none of which is an au				
Con	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number	C		
	2.	FEC ID number	С		
	3.	FEC ID number	C		
	4.	FEC ID number	С		

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Write or Type Committee Nam	е		
Ste. Michelle Wine E	states Ltd. Political Action Committee		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising	g Representative, or Leade	rship PAC Sponsor
Ste. Michelle Wine Es	tates Ltd.		
Mailing Address	14111 NE 145th Street		
	Woodinville		98072   _ [ _   _
	CITY	STATE <b>▲</b>	ZIP CODE
Relationship:  X Connected Organizati	ion Affiliated Committee Joint Fundr	raising Representative	Leadership PAC Sponsor
possession of Commit	Identify by name, address, (phone number opt tee books and records.  nard McDonnell  101 Constitution Avenue NW	ional), and position of th	e person in
	Suite 400W		
	Washington	DC	20001
Title or Position ▼ Asst. To	CITY A Tele	STATE A ephone number 202	ZIP CODE 1 - 354 - 1500
name and address of a	ne and address (phone number optional) of the any designated agent (e.g., assistant treasurer).	e treasurer of the commit	tee; and the
Full Name of Treasurer <b>Gay</b>	rle Drisco		
Mailing Address	101 Constitution Ave NW		
	Suite 400W		
	Washington		20001 –
Title or Position ♥	CITY A	STATE.▲	ZIP CODE A
Treasu	rer Talı	202	_ 354 _ 1500

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Full Name of Designated Agent	Richard McDonnell		
Mailing Addres	101 Constitution Ave NW		
	Suite 400W		
	Washington	DC	20001 –
Title or Position \	CITY A	STATE A	ZIP CODE A
	Asst. Treasurer Telep	phone number	
9. <b>Banks or Other</b> safety deposit bo Name of Bank, D	xes or maintains funds.	ommittee deposits funds, hold	s accounts, rents
	PNC Bank		
Mailing Address	500 First Avenue		
	Pittsburgh	PA L	15219
	CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the commit s funds.	tee deposits funds, hold	ds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address	<u> </u>		
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leader	[ ADDITIONAL ]
	ninistrators and Managers Political Action Cor		· ·
			1 1 1 1 1 1 1 1
Mailing Address	101 Constitution Avenue, NW		<u> </u>
•	Suite 400 W		
	Washington	DC	20001
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	resentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE <b></b> ▲	ZIP CODE A
	Telepho	one number	
Joint Fundraiser Participant			[ ADDITIONAL ]
1	FE	C ID number	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committees funds.	ee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE <b>△</b>	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leade	[ ADDITIONAL ] rship PAC Sponsor
Altria Group, Inc. Politica	I Action Committee		
Mailing Address	101 Constitution Avenue NW		
	Suite 400W		
	Washington	J LDC L	20001 
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	esentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE <b></b> ₄	ZIP CODE 4
	Telephon	ne number	
Joint Fundraiser Participant			[ ADDITIONAL ]
L	FEC	C ID number C	