Image# 29930059864		
	1	

FEC FORM 1	-	STATEME DRGANIZ/ (See instructio	ATION		Office use only
1. NAME OF COMMITTEE (in 1	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Ste. Michelle	Vine Estates Lto	I. Political Action	Committee		
ADDRESS (number and s	troot) 6 Hi	gh Ridge Park			
	,	ding A		<u></u>	· · · · · · · · · · · · · · · · · · ·
(Check if addre is changed)	ess	nford		<u> СТ </u>	06905
COMMITTEE'S E-MAI			CITY	STATE	ZIP CODE 🔺
usteam@skad					1
COMMITTEE'S WEB	PAGE ADDRESS (I	JRL)			
COMMITTEE'S FAX N 2022203619	IUMBER				
2. DATE 0 1	/ D D / 16	2009 [°]			
3. FEC IDENTIFICA	TION NUMBER	[C C00270421		
4. IS THIS STATEM	ENT NE	W (N) OR	X AMENDED (A)	
I certify that I have examine	ned this Statement an	d to the best of my kno	wledge and belief it is true, corre	ect and complete	
Type or Print Name of	Treasurer	Joseph Buongio	rno		
Signature of Treasurer	Electronically Fil	ed by Joseph B i	uongiorno	Date 0 1	/ D D / Y Y Y Y 2009
NOTE: Submission of fal			y subject the person signing this		-
Office			For further informat		

Office Use		For further information contact: Federal Election Commission	FEC FORM 1
Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 12/2007)

Image# 29930059865

	I	FEC F	orm 1 (Revised 12/2007)	Page 2
5.			OMMITTEE (Check One) ommittee:	
	(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. (Compl information below.)	ete the candidate
	Name Cand			
	Candi Party	idate Affiliatio	on Office Sought: House Senate Preside	State State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Party	Comm	ittee:	
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politi	cal Acti	ion Committee (PAC):	
	(e)	Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a:
			X Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
	(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 Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
		Comr	nittees Participating in Joint Fundraiser	
			1 FEC ID number C	
			2 FEC ID number	
			3 FEC ID number C	

5. _____ FEC ID number C

С

FEC ID number

4.

FEC Form 1 (Revised 1	2/2007)		Page 3
Write or Type Committee Name	ates 1 tol. Delitical Action Committee		
Ste. Michelle wine Est	ates Ltd. Political Action Committee		
6. Name of Any Connected O	rganization, Affiliated Committee, Leadership	PAC Sponsor or Joint Fundrais	ing Representative
Ste. Michelle Wine Esta	tes Ltd.		
Mailing Address	P.O. Box 1976		
	14111 NE 145th Street		
	Woodinville	\	98072
	СІТҮ	STATE 🛦	ZIP CODE
Relationship:	Affiliated Committee Leade	rship PAC Sponsor Joint	t Fundraising Representative
possession of Committee		- optional), and position of th	ne person in
Full Name	rd Hall		
Mailing Address	6 High Ridge Park		
	Building A		
	Stamford	CT	06905
Title or Position ▼	CITY 🛦	STATE	
Assistant	Treasurer	Telephone number203	– <u>817</u> – <u>3486</u>
	e and address (phone number optional) o y designated agent (e.g., assistant treasur		ttee; and the
Full Name of Treasurer Joser	oh Buongiorno		
Mailing Address	6 High Ridge Park		
	Building A		
	Stamford	СТ	06905
Title or Position ♥		STATE	
Treasure	r	Telephone number	_ 817 _ 3485

Telephone number

FEC Form 1 (Revis	sed 12/2007)			Page	4
Full Name of Designated Agent	Richard Hall				
Mailing Address	6 High Ridge Park				
	Building A				
	Stamford		СТ	06905 –	
Title or Position ♥	CITY A	s	STATE 🛦	ZIP CODE	A
Assista	ant Treasurer	Telephone numb	er	817	3486
	aintains funds.	ch the committee de	posits funds, ho	olds accounts, rents	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. IC Bank		posits funds, ho		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. VC Bank 500 First Avenue Pittsburgh				
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. NC Bank 500 First Avenue Fittsburgh CITY A			 15219	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. NC Bank 500 First Avenue Fittsburgh CITY A			 15219	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. NC Bank 500 First Avenue ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		└	 15219	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. NC Bank 500 First Avenue ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		└	 15219 ZIP CODE	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. NC Bank 500 First Avenue ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		└	 15219 ZIP CODE	

FEC Form 1 (Revised 12/2007)

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Page	Э.	/ 0)

Banks or Other Depositories: safety deposit boxes or maintair		ittee deposits funds, hold	ds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🔺	STATE	ZIP CODE
Name of Any Connected Orga	anization, Affiliated Committee, Leadership PAC Spor	nsor or Joint Fundraisi	[ADDITIONAL] ng Representative
UST Inc. Executives Adn	ninistrators and Managers Political Action Co	mmittee	
Mailing Address	6 High Ridge Park		
	Building A		
	Stamford		06905
Relationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Leadership PAC Spo	insor Joint Fund	draising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY A	STATE	
	Telept	none number	
Joint Fundraiser Participant			[ADDITIONAL]
		EC ID number C	

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FEC Form 1 (Revised 12/2007)

Banks or Other Depositorie safety deposit boxes or mainta		tee deposits funds, hold	ls accounts, rents
Name of Bank, Depository, et		I	[ADDITIONAL]
Mailing Address	1		
	CITY 🗖	STATE	ZIP CODE 🔺
Name of Any Connected Or	ganization, Affiliated Committee, Leadership PAC Spons	or or loint Eundroidi	[ADDITIONAL
Altria Group, Inc., Polit			ig hepresentative
Anna Group, IIIC Poin			
Mailing Address	101 Constitution Avenue NW		
	Suite 400W		
	Washington		20001
ationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Leadership PAC Spon	sor Joint Fund	raising Representative
			[ADDITIONAL]
Designated Agent			
Full Name			
Mailing Address			
			_
			¯
Title or Position ♥	CITY A	STATE	
	Telepho	ne number	
Joint Fundraiser Participan	t		[ADDITIONAL]
	FE	C ID number	· · · · · · · ·