

STATEMENT OF ORGANIZATION

4/98

(See reverse side for instructions)

| | | |
|--|--|------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL RunHillary.com Draft Committee | <input type="checkbox"/> (Check if name is changed) | 2. DATE April 6, 1999 |
| (b) Number and Street Address 1745 Q Street, NW, Apt. A | <input type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number |
| (c) City, State and ZIP Code Washington, DC 20009 | 4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

COMMISSION MAIL

APR 18 6 44 AM '99

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 candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| (Draft) | | | |
- ☒ (c) This committee supports/opposes only one candidate Hillary Rodham Clinton and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| NONE | | |

Type of Connected Organization

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name | Mailing Address | Title or Position |
|-----------------|--|--------------------|
| Jacquelyn Davis | 1745 Q Street, N.W. Washington, DC 20009 | Executive Director |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|-----------------|--|-------------------|
| Jacquelyn Davis | 1745 Q Street, N.W. Washington, DC 20009 | Treasurer |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|--|---|
| Wright-Patman Congressional Federal Credit Union | U.S. House of Representatives Washington, DC 20515 |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | | |
|--|--|----------------|
| TYPE OR PRINT NAME OF TREASURER Jacquelyn Davis | SIGNATURE OF TREASURER <i>Jacquelyn Davis</i> | DATE 4-5-99 |
|--|--|----------------|

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420


FE6AN053

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED 4-8-99 |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
|  | 4-8-99 |
| PREPARER | DATE PREPARED |

99020061100

GARY L. SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT
HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: 202-224-0322

United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

INSIDE MAIL

Date of Receipt

RECEIVED FROM THE HOUSE OFFICE OF RECORDS
& REGISTRATIONS

Date of Receipt

✓ RECEIVED FROM THE FEDERAL ELECTION
COMMISSION July 21, 1999

Date of Receipt

FIRST CLASS MAIL

Postmarked

REGISTERED/CERTIFIED MAIL

Postmarked

NO POSTMARK

POSTMARK ILLEGIBLE

OTHER (Specify):

Postmark and/or Date of Receipt

R.D.
Preparer

July 21, 1999
Date Prepared