

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Women Vote Trump

ADDRESS (number and street)

3213 Duke St

(Check if address is changed)

Suite 727

Alexandria

CITY ▲

VA

STATE ▲

22314

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@womenvotetrump.com

Optional Second E-Mail Address

info@womenvotetrump.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.womenvotetrump.com

2. DATE

MM / DD / YYYY
05 / 10 / 2016

3. FEC IDENTIFICATION NUMBER ▶

C C00616912

4. 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.

Type or Print Name of Treasurer KATHRYN SERKES

Signature of Treasurer

KATHRYN SERKES

[Electronically Filed]

Date

MM / DD / YYYY
06 / 16 / 2016

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 06/2012)