Image# 2	8993322326
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
ADDRESS (number and s	reet) 1825 K Street	
▼ ``		
X (Check if addre is changed)	washington	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	·····
http://www.hill	pac.com	
COMMITTEE'S FAX N 2022933411 2. DATE	JMBER	
3. FEC IDENTIFICAT	TION NUMBER C C00363994	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of 1	reasurer Allison Wright	
Signature of Treasurer	Electronically Filed by Allison Wright	Date 12 / 02 / Y Y Y Y 02
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

FEC	Form 1 (Revised 12/2007)	Page 2
. TYPE OF C	OMMITTEE (Check One)	
Candidate	Committee:	
(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. (Complet information below.)	te the candidate
Name of Candidate		
Candidate	Office	State
Party Affilia	tion Sought: House Senate President	t District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	nittee:	
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ated fund or party
	X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundr	aising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate	o or more political

committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.		FEC ID number	C
2.	$\lfloor \ldots \ldots$	FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
5.		FEC ID number	C

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FEC Form 1 (Revised 12	2/2007	7)																											Pa	age	3		
Write or Type Committee Name																																	
Hill PAC																																	
6. Name of Any Connected Org	ganiz	atio	n, 4	Affili	iate	ed C	Cor	nm	itte	e,	Lea	ade	ersł	nip	PA	cs	po	nsc	or o	or Jo	oin	t Fi	und	Irai	sin	g R	ep	res	enta	ativ	e		
Senator Hillary Clinton			I		1	1	1	1	1	1											1												<u> </u>
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Relationship: Connected Organization				Affil	iate	ed C	Corr	nmi	ttee	9	>	ĸ	Le	ade	ersh	ip F	PAC	Sp	oon	sor].	Joir	וt Fי	und	Irais	sing	, Re	pre	ser	ntati	ve

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	ght 		
Mailing Address	1825 K Street		
	Suite 1000		
	Washington	DC	20006
Title or Position ♥	CITY A	STATE	
Treasurer		Telephone number	

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 of Treasurer	Ilison Wright		
Mailing Address	1825 K Street		
	Suite 1000		
	Washington	D(<u>C</u> 20006 –
Title or Position ¥	CITY	A STA	TEA ZIP CODE A
Trea	surer	Telephone number	

FEC Form 1 (Revis			
Full Name of Designated Agent	Stephanie Gent		
Mailing Address	1825 K Street		
	Suite 1000		
	Washington	DC	20006 –
Title or Position ▼	CITY A	STATE 🛦	
Assista	nnt Treasurer Te	lephone number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. IC Bank		
safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc.		olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. I C Bank		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. I C Bank		
safety deposit boxes or m Name of Bank, Depositor	Alintains funds. y, etc. IC Bank 1503 Pennsylvania Avenue, NW Washington		
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