Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Avon Products Inc. Fund for Responsible Government 777 Third Avenue ADDRESS (number and street) (Check if address is changed) New York 10017 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Josephine.Mills@avon.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00112722 FEC IDENTIFICATION NUMBER > 3. X 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. Josephine Mills Type or Print Name of Treasurer Josephine Mills [Electronically Filed] 2012 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		om 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
Car	ndidate	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. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revise	d 02/2009)	Page <b>3</b>
Write or Type Committee Na		<u> </u>
Avon Products	s Inc. Fund for Responsible Government	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
Avon Products Inc.		
Mailing Address	777 Third Avenue	
J		
	New York NY 10017	
	CITY STATE	ZIP CODE
Dalatianahin. M Cannar	Affiliated Committee Link Fundacions Decreased the	andership DAC Spansor
Relationship: X Connec	cted Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
books and records.  Josephi Full Name  Mailing Address	ine Mills  777 Third Avenue	
Mailing Address		
	New York NY 10017	
Title or Position	CITY STATE	ZIP CODE
Treasurer		282   5609
8. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the n ., assistant treasurer).	ame and address of
Full Name Josephi	ne Mills	, , , , , , , , , , , , , , , , , , ,
Mailing Address	777 Third Avenue	
maining / Mair 655		
	New York	
	CITY STATE	ZIP CODE
Title or Position Treasurer		282   5609

212 |-|

Telephone number

T LC FOII	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds.	, , , , , , , , , , , , , , , , , , , ,
safety deposit bo Name of Bank, I	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180	
safety deposit bo	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180	
safety deposit bo Name of Bank, I	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180	
safety deposit bo Name of Bank, I	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180  Baton Rouge  CITY  STATE	
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180  Baton Rouge  CITY  STATE	ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180  Baton Rouge  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180  Baton Rouge  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  JPMorgan Chase Bank, N.A.  PO Box 260180  Baton Rouge  CITY  STATE  Depository, etc.	ZIP CODE

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## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

The Statement of Organization is being amended to disclose a new address for the Committee, Connected Organization, Custodian of Records and Treasurer. Please update your records accordingly.

Form/Schedule: Transaction ID: