FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in t	ull) (Check if name Example: If typying, type over the lines	12FE4M5
Women Lead	/ictory Fund 2008	
ADDRESS (number and s		<u> </u>
(Check if addre is changed)	Flqor,2	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI		
	PAGE ADDRESS (URL)	
		I
COMMITTEE'S FAX N 202-741-7380		
2. DATE 0 7	/ D D / Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C 000450882]
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examine	ned this Statement and to the best of my knowledge and belief it is true, correct an	nd complete
Type or Print Name of	Treasurer Brian L. Wolff	
Signature of Treasurer	Electronically Filed by Brian L. Wolff	Date 07 / 28 / Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED \	

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

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5. TYPE OF C	DMMITTEE (Check One)	
Candidate C	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. (Complete ti information below.)	he candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State 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 connected	d organization is a:
		bor Organization
		ooperative
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundra	aising Representative:	
(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two c committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two c committees/organizations, none of which is an authorized committee of a federal candidate.	or more political

Committees Participating in Joint Fundraiser

1. DEMOCRATIC CONGRESSIONAL CAMPAIGN	FEC ID number	C C0000935
2. ANNE BARTH FOR CONGRESS	FEC ID number	C C00445049
3. HALVORSON FOR CONGRESS	FEC ID number	C C00440016
4. KOSMAS FOR CONGRESS	FEC ID number	C C00440149
5. LINDA STENDER FOR CONGRESS	FEC ID number	C C00417600

Write or Type Committee Name

Women Lead Victory Fund 2008

Mailing Address			
	CITY	STATE 🛦	ZIP CODE
Relationship: Connected Organization	Affiliated Committee	lership PAC Sponsor	t Fundraising Representative
possession of Committee	entify by name, address, (phone number books and records. L Wolff	optional), and position of th	ne person in
Mailing Address	430 S. Capitol Street, SE		
0	Floor 2		
	Washington	DC	20003 _ 4024
	CITY A	STATE	
Title or Position ▼			
Title or Position ♥ Treasurer		Telephone number 202	- <u>863</u> - <u>1500</u>
Treasurer Treasurer: List the name name and address of any Full Name		Telephone number 202 of the treasurer of the commi	
Treasurer Treasurer: List the name name and address of any Full Name	and address (phone number optional) / designated agent (e.g., assistant treasu	Telephone number 202 of the treasurer of the commi	
Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Brian	and address (phone number optional) / designated agent (e.g., assistant treasu	Telephone number 202 of the treasurer of the commi	
Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Brian	and address (phone number optional) / designated agent (e.g., assistant treasu L. Wolff 430 S Capitol Street, SE	Telephone number 202 of the treasurer of the commi	
Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Brian	and address (phone number optional) / designated agent (e.g., assistant treasu L. Wolff 430 S Capitol Street, SE Floor 2	Telephone number 202 of the treasurer of the commi arer).	ttee; and the

FEC Form 1 (Revis	ed 12/2007)			Page	
Full Name of Designated Agent	Jacqueline Forte-Mackay				
Mailing Address	430 S. Capitol Street, SE	E			
	Floor 2				
	Washington		<u></u>	20003 –	4024
Title or Position ▼	CITY A	STATE 🛓		ZIP CODE 🛦	
Assista	nt Treasurer	Telephone number	202	485	3401
Banks or Other Deposite safety deposit boxes or manual Name of Bank, Depository	aintains funds.	ich the committee depo	psits funds, ho	olds accounts, rents	5
safety deposit boxes or management Name of Bank, Depository	aintains funds. , etc. nk of America 730 15th Street, NW	ich the committee depo			
safety deposit boxes or ma Name of Bank, Depository	aintains funds. /, etc. nk of America		Desits funds, ho	olds accounts, rents	 1012
safety deposit boxes or ma Name of Bank, Depository	aintains funds. , etc. 730 15th Street, NW Washington CITY A			 20005]	 1012
safety deposit boxes or ma Name of Bank, Depository Ba Mailing Address	aintains funds. , etc. 730 15th Street, NW Washington CITY A			 20005]	 1012
safety deposit boxes or ma Name of Bank, Depository Ba Mailing Address	aintains funds. , etc. 730 15th Street, NW Washington CITY A			20005 _ 20005 _ ZIP CODE	1012
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safety deposit boxes or ma Name of Bank, Depository Mailing Address	aintains funds. , etc. 730 15th Street, NW 730 15th Street, NW Washington CITY A		 TATE ▲ 	20005 20005 ZIP CODE	1012

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safety deposit boxes or maintains Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
Mailing Address			
	CITY 🗖	STATE	ZIP CODE
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Sponso	r or Joint Fundraisir	[ADDITIONAL] ng Representative
Mailing Address			
lationship:	CITY	STATE 🛦	ZIP CODE 🔺
Connected Organization	Affiliated Committee Leadership PAC Sponse	or Joint Fund	raising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼		STATE	
	Telephon	e number	
Joint Fundraiser Participant			[ADDITIONAL]
som i unaraiser i articipant	GRESS		