Image# 201712139089185561				12/13/2017 10 : 48
FEC	STATEME ORGANIZ			PAGE 1 / 4 —
FORM 1	UNGANIZ		0#	oo Uso Onky
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	ce Use Only
COMMITTEE (in full)	is changed)	over the lines.		
ADDRESS (number and street)	209 Main Street			
(Check if address is changed)				
is changed)	East Hampton		NY 1193	87
	CITY ▲		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	spolk@capdale.com			
	Optional Second E-Mail Ac	ldress		
<ul> <li>(Check if address is changed)</li> </ul>				
	13 <sup>7</sup> 2017			
B. FEC IDENTIFICATION N		000663195		
. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	t of my knowledge and belief i	t is true, correct and	complete.
	<sub>rer</sub> Polk, Shauna, , ,			
ype or Print Name of Treasu	EI			
Signature of Treasurer Pol	k, Shauna, , ,	[Electronically Filed]	Date 12	13 / Y Y Y Y 2017
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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FEC FC	orm 1 (Revised 02/2009) Page 2
TYPE OF C	COMMITTEE
Candidate	e 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 the candidate information below.)
Name of Candidate	
Candidate Party Affiliat	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	mmittee:
(d)	This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.) Patient
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Corr	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

## WomenRUN Federal PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address									
	STAT	TE ZIP COD	E						
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse									

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

Polk, Shau	una, , ,
Full Name	
Mailing Address	One Thomas Circle, NW
	Suite 1100
	Washington         DC         20005
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 202 429 3306

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	Polk, Shauna, , ,
Mailing Address	One Thomas Circle, NW
	Suite 1100
	Washington         DC         20005         -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     202     429     3306

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Full Name of Designated Agent																						1										
Mailing Address																																
																			L				L						L			
	CITY										STATE ZII											P CODE										
Title or Position																																
														Tele	eph	one	e n	um	ber		L				- [_							

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.

First R	epublic Bank		
Mailing Address	3533 California St.		
	San Francisco	CA  94118  -	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	