

**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

H & M CONSTRUCTION CO INC PAC

ADDRESS (number and street)

50 SECURITY DRIVE

☐ (Check if address is changed)

JACKSON

CITY ▲

TN

STATE ▲

38305

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

CMCBEE@HMCOMPANY.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y
12 / 13 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00475947

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 Randall, Diana, , ,

Signature of Treasurer Randall, Diana, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
12 / 13 / 2018

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1. FEC ID number

2. FEC ID number

3. FEC ID number

4. FEC ID number

Write or Type Committee Name

H & M CONSTRUCTION CO INC PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**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

McBee, Connie, , ,

Mailing Address

50 Security Drive

Jackson

TN

38305

Title or Position

CITY

STATE

ZIP CODE

Telephone number

731

660

3217

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

Randall, Diana, , ,

Mailing Address

50 Security Drive

Jackson

TN

38305

Title or Position

CITY

STATE

ZIP CODE

Telephone number

731

660

3077

Full Name of
Designated
Agent

McBee, Connie, , ,

Mailing Address

50 Security Drive

Jackson

CITY

TN

STATE

38305

ZIP CODE

Title or Position

Telephone number

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.

Regions Bank

Mailing Address

Jackson Central

433 N Parkway

Jackson

CITY

TN

STATE

38305

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE