

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2017 MAR -6 AM 7: 10
Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

OUR ATLANTIC CITY

ADDRESS (number and street)

(Check if address
is changed)

P.O. BOX 1356

CITY ▲

STATE ▲

NJ 08401-
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

OURATLANTICCITY@ATLANTICCITYPAC.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.ATLANTICCITYPAC.COM

2. DATE

02/27/2017

3. FEC IDENTIFICATION NUMBER ►

C00630400

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

Timothy Mancuso

Signature of Treasurer

Timothy Mancuso

Date

02/27/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

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

[REDACTED]

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

[REDACTED] CITY [REDACTED] STATE [REDACTED] 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

TIMOTHY MANCUSO

Mailing Address

P.O. BOX 1356

[REDACTED]

ATLANTIC CITY NJ 08401-1 [REDACTED]

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number

609-816-3818

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

TIMOTHY MANCUSO

Mailing Address

P.O. BOX 1356

[REDACTED]

ATLANTIC CITY NJ 08401-1 [REDACTED]

CITY

STATE

ZIP CODE

Title or Position

CHAIRMAN

Telephone number

609-816-3818

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

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.

PNC BANK

3400 ATLANTIC AVENUE

ATLANTIC CITY NJ 08401-1

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

PRIORITY MAIL
POSTAGE REQUIRE

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PRIORITY



Retail

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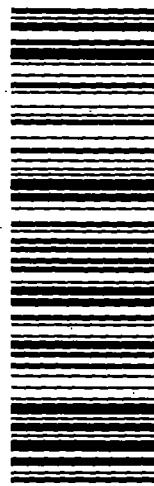
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EP14F July 2013



Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Next Business Day Delivery <input type="checkbox"/>
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3/6/17	
 PREPARER (3/2015)	DATE PREPARED