

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
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COMMISSION MAIL ROOM

FEB 4 1 36 PM '97

1. (a) NAME OF COMMITTEE IN FULL Hattery for Congress	☐ (Check if name is changed)	2. DATE 1/31/97
(b) Number and Street Address 7101 Woodville Road	☒ (Check if address is changed)	3. FEC Identification Number C00252817
(c) City, State and ZIP Code Mt. Airy, MD 21771	4. Is This Report An Amendment? ☒ YES ☐ NO	

5. TYPE OF COMMITTEE (Check one)

- ☐ (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 Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate, _____ and is NOT an authorized committee. (name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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	Mailing Address	Title or Position
Thomas H. Hattery	7101 Woodville Rd., Mt. Airy, MD 21771	Treasurer

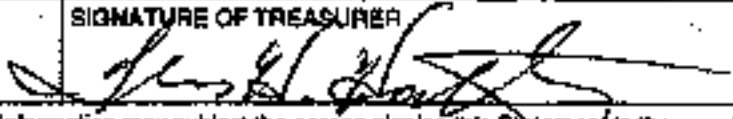
8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position

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.	Mailing Address and ZIP Code

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 Thomas H. Hattery	SIGNATURE OF TREASURER 	DATE 1/31/97
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE5AN045

FEC FORM 1
(revised 4/87)

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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and Registration

DATE OF RECEIPT

☐ Received from the Senate Office of Public
Records

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☐ Other (Specify):

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PREPARED

2-4-97
DATE PREPARED