

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

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2001 OCT 26 P 3:51

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12F84M5

HILLPAC

ADDRESS (number and street)

509 2nd Street, NE



(Check if address
is changed)

Washington

DC

20002

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

10 / 16 / 2001

3. FEC IDENTIFICATION NUMBER ▶

C 00363994

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 John F. X. Mannion

Signature of Treasurer

John F. X. Mannion

Date

10 / 19 / 2001

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
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9830
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

Write or Type Committee Name

HILLPAC

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 Patricia Solis Doyle

Mailing Address C/O HILLPAC
509 2nd Street, NE
Washington DC 20002

Title or Position Executive Director CITY Washington STATE DC ZIP CODE 20002

Telephone number 202 675 8340

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 John F. X. Mannion

Mailing Address C/O HILLPAC
509 2nd Street, NE
Washington DC 20002

Title or Position Treasurer CITY Washington STATE DC ZIP CODE 20002

Telephone number 202 675 8340

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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.

Citibank, N.A.
Mailing Address 153 E. 53rd Street
20th Floor
New York NY 10043
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Riggs Bank, N.A.
Mailing Address 808 17th Street, NW
Washington DC 20006
CITY ▲ STATE ▲ ZIP CODE ▲

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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Date of Receipt

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and Registration

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Records

Date of Receipt



Other (Specify):

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and/or Date of Receipt



Electronic Filing



PREPARER

10-29-01

DATE PREPARED