Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. My HomeTown PAC 68 East Main St ADDRESS (number and street) (Check if address is changed) Moorestown 08057 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pacmyhometown@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) myhometownpac.com (Check if address is changed) DATE 2017 C00640748 FEC IDENTIFICATION NUMBER > 3. X 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. Hartman, Katherine, , , Type or Print Name of Treasurer Hartman, Katherine, , , [Electronically Filed] 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	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 tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name		3.5
My HomeTown	PAC	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leac	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in	possession of committee
	Katherine, , ,	
Full Name	68 East Main St	
Mailing Address		
	Moorestown NJ 10805	57
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 856	235 0220
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the issistant treasurer).	e name and address of
	Catherine, , ,	
of Treasurer	68 East Main St	
Mailing Address		
	Management	
	Moorestown NJ 0805	ZIP CODE
Title or Position Treasurer	Telephone number 856	235 0220

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Full Name of Designated Agent	Hartman, Katherine, , ,					
Mailing Address	68 East Main St					
	Moorestown NJ 08057 CITY STATE ZI	IP CODE				
Title or Position Treasurer		85 0220				
 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. 						
	Beneficial Bank					
Mailing Address	53 East Main Street					
	Moorestown NJ 08057					
	CITY STATE Z	IP CODE				
Name of Bank, [Depository, etc.					
Mailing Address						
	CITY STATE ZI	IP CODE				