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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

VoteHillary PAC

ADDRESS (number and street) PO Box 2361

(Check if address is changed)

Chester VA 23831

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS info@votehillary.org

COMMITTEE'S WEB PAGE ADDRESS (URL) www.votehillary.org

COMMITTEE'S FAX NUMBER


2. DATE 08 28 2007

3. FEC IDENTIFICATION NUMBER C 00417428

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 Peter Anthony Feddo

Signature of Treasurer 

Date 08 28 2007

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 800-424-9530 Local 202-694-1100 | FEC FORM 1 (Revised 02/2003) |
|-----------------|--|--|--|--|--|---|---------------------------------|

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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: | House | Senate | President | State District |
|--------------------------------|-------------------|-------|--------|-----------|-------------------|

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

Name of Candidate Hillary Clinton

(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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

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Write or Type Committee Name
VoteHillary PAC

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 Peter Anthony Feddo

Mailing Address 13601 Nile Road

Chester VA 23831

Title or Position CITY STATE ZIP CODE

Executive Director Telephone number 804 - 796 - 1875

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 Peter Anthony Feddo

Mailing Address 13601 Nile Road

Chester VA 23831

Title or Position CITY STATE ZIP CODE

Executive Director Telephone number 804 - 796 - 1875

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

Wachovia Bank

Mailing Address

4400 W. Hundred Road

Chester

VA

23831

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

Er

8/30/07

PREPARER
(3/2005)

DATE PREPARED

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