STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)  
   □ (Check if name is changed)  
   Example: If typing, type over the lines.  
   12FE4M5

HOMETOWN FREEDOM ACTION NETWORK

ADDRESS (number and street)  
   □ (Check if address is changed) 
   P.O. Box 75727  
   Washington, DC 20013

COMMITTEE’S E-MAIL ADDRESS  
   □ (Check if address is changed)  
   fec@langdonlaw.com

COMMITTEE’S WEB PAGE ADDRESS (URL)  
   □ (Check if address is changed)

2. DATE  
  .MM / DD / YY  
   08 / 14 / 2014

3. FEC IDENTIFICATION NUMBER  
   ▶ C  
   C00528901

4. IS THIS STATEMENT  
   □ NEW (N)  
   □ 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  
Tom Norris

Signature of Treasurer  
Tom Norris  
[Electronically Filed]  
Date  
MM / DD / YY  
08 / 14 / 2015

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.
5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President
State
District

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

Party Committee:

Political Action Committee (PAC):
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative
- In addition, this committee is a Lobbyist/Registrant PAC.
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- In addition, this committee is a Lobbyist/Registrant PAC.
- In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. Name of Committee | FEC ID number
2. Name of Committee | FEC ID number
3. Name of Committee | FEC ID number
4. Name of Committee | FEC ID number
Write or Type Committee Name

HOMETOWN FREEDOM ACTION NETWORK

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

NONE

Mailing Address

CITY

STATE

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: David R Langdon

Mailing Address: 8913 Cincinnati-Dayton Rd

West Chester OH 45069

Title or Position: CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 513 - 577 - 7394

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: Tom Norris

Mailing Address: PO Box 75727

Washington DC 20013

Title or Position: CITY

STATE

ZIP CODE

Treasurer

Telephone number 513 - 577 - 7394
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.

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**Chain Bridge Bank**

**Mailing Address**

1445-A Laughlin Ave

McLean | VA | 22101

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Name of Bank, Depository, etc.

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**Mailing Address**

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CITY | STATE | ZIP CODE