## **STATEMENT OF**

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLESCRE

FEC FORM 1	ORGANIZATION (See instructions)	·1	2008 OCT - 1 F) 3: 44
NAME OF COMMITTEE (in full)	(Check if name Example: is changed) over the I	If typying, type lines 12FE4M	5 67-1
Americans In Cont	act PAC		
<u> </u>	<del>                                     </del>		
ADDRESS (number and street)	P.O. Box 204		
(Check if address is changed)	Alexandria		22313
	CITY▲	STATE.	ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DRESS ,		
AmericansInConta	ctPAC@gmail.com \	<u></u>	
	<del>1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</del>		
COMMITTEE'S WEB PAGE	E ADDRESS (URL)	50.	1.0 6
	<del></del>		لسستثنثنا
	<del> </del>		
COMMITTEE'S FAX NUME	BER		
لىدا لىد	لبينا		
2. DATE 10 /	01 2008		
3. FEC IDENTIFICATION	NUMBER COA	155444	
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)	
I certify that I have examined to	his Statement and to the best of my knowledge and be	lief it is true, correct and complete	
Type or Print Name of Trea	Gabriel S. Joseph, III	TR5_	
Signature of Treasurer		Date	8006,10,00
NOTE: Submission of false, er	rroneous, or incomplete information may subject the pe		
Office Share Only	Fed Toll	further information contact: eral Election Commission Free 800-424-9530 al 202-694-1100	FEC FORM 1 (Revised 12/2007)

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FEC F	Form 1 (Revised 12/2007)				Page 2
. TYPE OF CO	OMMITTEE (Check One)	<del></del>			
Candidate C	· ·				
(a)	This committee is a principal of	campaign committee. (Complete	e the candidate inforn	nation below.)	
(b) ! .	This committee is an authorize information below.)	ed committee, and is NOT a pri	ncipal campaign com	mittee. (Complete t	ne candidate
Name of Candidate	<u>;                                    </u>				<u>:                                    </u>
Candidate	Off	fice · · · · · · · · · · · · · · · · · · ·			State
Party Affiliat		ought: House	Senate	President	District
(c)	This committee supports/opport	ses only one candidate, and is	NOT an authorized co	ommittee.	
Name of					
Candidate	<u></u>	<u> ! . !</u>	<u> </u>	<u> </u>	!
Party Comm	nittee:			<u> </u>	
(d)	This committee is a	(National, State (or subordinate) c	ommittee of the		emocratic, epublican,etc.) Party.
——————————————————————————————————————	tion Committee (PAC):		·-		<u></u>
(e)	• •	segregated fund. (Identify conne	ected organization on	line 6.) Its connecte	ed organization is a:
	Corporation	,	v/o Capital Stock		r Organization
	( = . · · · · · · · · · · · · · · · · · ·			1	·
<b>/</b> 0'	Membership Organization	: - <u></u>		•	perative
(f) X	This committee supports/oppose committee. (i.e., nonconnected		didate, and is NOT a	separate segregate	d fund or party
	In addition, this committee	ee is a Leadership PAC. (Identif	y sponsor on line 6.)		
Joint Fundr	aising Representative:				
(g)	This committee collects contrib	utions, pays fundraising expens	ses and disburses net	proceeds for two o	r more political
. :	committees/organizations, at le				oro politica.
(h)	This committee collects contrib	outions, pays fundraising expens	ses and disburses ne	t proceeds for two o	r more political
(h)	committees/organizations, non-				
Com	nmittees Participating in Joint Fun	ndraiser			
	1.		FEC ID number	C	
	1. <u>L</u>		FEC ID Humber		
	2.	111,1,1,1	FEC ID number	C	
	. 1	1		ic.	was jirang
	3. <u>    ,                                 </u>	<u> </u>	FEC ID number	ordina nanasa. Tiranggaran	
	4.	1111	FEC ID number	C	
		1	FEC ID number	/	
•	5. <u> </u>		LEC ID HUHBEL	in de la maleix	2 - 1 - 25 2 - 2 -

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Write or Type Committee Na	me		
Americans In Contact	ct PAC		
Name of Any Connected	1 Organization, Affiliated Committee, Leadership PA	C Sponsor or Joint Fundrai	sing Representative
None.	<u> </u>	1 1 1 1 1 1 1 1	<u> </u>
<u></u>			<u> </u>
Mailing Address		<u>                                      </u>	<u> </u>
-	1		
	1 : : : : : : : : : : : : : : : : : : :		
•			
Deletionehio	CITY▲	STATE ▲	ZIP CODE A
Relationship:  Connected Organiza	ation Affiliated Committee Leadersh	ip PAC Sponsor Join	t Fundraising Representativ
. · · ·	Lass Committee Leadersh	iip i Ac opolisoi; soiii	. r undraioning representativ
Mailing Address	P.O. Box 204	<del></del>	
	Alexandria	VA	22313 _
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
Custo	dian of Records	elephone number 703	- 222 - 5474
	me and address (phone number optional) of the any designated agent (e.g., assistant treasurer).		tee; and the
Full Name	briel S. Joseph, III		
Mailing Address	P.O. Box 204		
	Alexandria	VA	22313 _
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
Treas	urer	703	222 5474
		elephone number	

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Full Name of Designated Agent			
Mailing Address	·		
Title or Position ♥	CITY A	STATE A	ZIP CODE A
	т	elephone number	
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	intains funds. etc.		
Mailing Address	5105 Westfields Blvd.		
	CITY 4	VA	ZIP CODE A
Name of Bank, Depository,	<del></del>		
Mailing Address			
	CITY 🗸	STATE <b>△</b>	ZIP CODE 🛕

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