FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	Office use only											
NAME OF COMMITTEE (in		(Check if name is changed)	Example: If typying, type over the lines	12FE4M5										
General Dynar	mics Voluntary Po	litical Contribu	tion Plan (GDVPCP)											
ADDRESS (number and	street) 2941	Fairview Park D)r. 											
(Check if addr is changed)	Suite Falls	VA 22042 - 1												
OOMMITTEE'O E MAA	II ADDDEOO		CITY▲	STATE▲ ZIP CODE ▲										
COMMITTEE'S E-MAI	aldynamics.com													
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)												
			<u> </u>											
COMMITTEE'S FAX N 703-876-3355	NUMBER	J												
2. DATE 0 6		2006												
3. FEC IDENTIFICA	TION NUMBER		C C00078451											
4. IS THIS STATEM	IENT NEW	(N) OR	X AMENDED (A)											
I certify that I have exami	ned this Statement and	to the best of my know	wledge and belief it is true, correct a	nd complete										
Type or Print Name of	Treasurer J	oanne Weber												
Signature of Treasurer	Electronically Filed	by Joanne W o	eber	Date 06 / 13 / 2006										
NOTE: Submission of fa		-	r subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS										
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530											

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5.	TYPE OF COMMITTEE (Chec	:k One)			
	(a) This committee	e is a principal campaig	n committee. (Complete the	candidate information bel	ow.)
	(b) This committee information below		nittee, and is NOT a principa	campaign committee. (C	complete the candidate
	Name of Candidate				
	Candidate Party Affiliation	Office Sought:	House	Senate Pr	State esident 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) comm	littee of the	(Democratic, Republican,etc.) Party.
	(e) This committee	is a separate segregate	ed fund		
	(f) This committee committee.	supports/opposes mor	e than one Federal candidate	, and is NOT a separate	segregated fund or party
ŝ.	Name of Any Connected Org	ganization or Affiliated	d Committee		
	Anteon PAC				
L					
	Mailing Address	3211	Jermantown Road		
		Fairfa	a x	L VA	22030 _ <u></u>
			CITY	STATE A	ZIP CODE
	Relationship Affil	liated			
	Type of Connected Organization	on:			
	Corporation		Corporation w/o Capital Sto	ck La	oor Organization
	Membership Organiza	ation	Trade Association	Co	operative

Write or Type Committee N			Page 3
		CD)	
Custodian of Records	s Voluntary Political Contribution Plan (GDVP) s: Identify by name, address, (phone number mittee books and records.		e person in
Full Name			
Mailing Address			
Title or Position ▼	CITY A		
Title of Fosition \	CIII A	SIAIEA	ZIF CODE A
		Telephone number	
Full Name of Treasurer	oanne Weber		
Mailing Address	2941 Fairview Park Drive		
Mailing Address			
Mailing Address	2941 Fairview Park Drive		22042
Mailing Address Title or Position ♥	2941 Fairview Park Drive Suite #100		22042 ZIP CODE A
Title or Position ♥	2941 Fairview Park Drive Suite #100 Falls Church CITY A		
Title or Position ♥	2941 Fairview Park Drive Suite #100 Falls Church CITY A	STATE ▲	ZIP CODE A
Title or Position ♥ Mana Full Name of Designated	2941 Fairview Park Drive Suite #100 Falls Church CITY A	STATE ▲	ZIP CODE A
Title or Position ♥ Mana Full Name of Designated Agent	2941 Fairview Park Drive Suite #100 Falls Church CITY A	STATE ▲	ZIP CODE A

Telephone number

	FEC Form	1 (Re	evised	102	/200	03)																							Pa	age	4		_
9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.															ınts	s, re	nts														
	Name of Bank, Do	eposit	ory, e	etc.																													
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	Mailing Address					Ш							L	L	1	L																	
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