

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

QinetiQ North America Operations LLC PAC (a.k.a. QinetiQ PAC)

ADDRESS (number and street)

7918 Jones Branch Drive

(Check if address is changed)

Suite 350

McLean

VA

22102

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

zpacs@cox.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7037682787

2. DATE

/ /

3. FEC IDENTIFICATION NUMBER

C C00383992

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

Deborah Fox

Signature of Treasurer

Electronically Filed by **Deborah Fox**

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 _____

(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

QinetiQ North America Operations LLC

Mailing Address **7918 Jones Branch Drive**
Suite 350
McLean **VA** **22102**
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected Organiz.** _____

Type of Connected Organization:

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

Write or Type Committee Name

QinetiQ North America Operations LLC PAC (a.k.a. QinetiQ 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 **Zelda M. Shute**

Mailing Address **7845 Midday Lane**

Alexandria VA 22306

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Custodian of Records Telephone number 703 768 3903

- 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 **Deborah Fox**

Mailing Address **7918 Jones Branch Drive**

Suite 350

McLean VA 22102

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number 703 752 6519

Full Name of Designated Agent **Scott Klein**

Mailing Address **7918 Jones Branch Drive**

Suite 350

McLean VA 22102

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Assistant Treasurer Telephone number 703 752 6529

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, N.A.

Mailing Address

1970 Chain Bridge Road

3rd Floor

McLean

VA

22102

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲