Image# 12950035373 PAGE 1/4

STATEMENT OF

FEC FORM 1		ORGANIZA	ATION		Office Use Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
VETERANS	ALLIA	NCE FOR SEC	URITY AND DEM	OCRACY	PAC (VETPAC)
ADDRESS (number a	nd street)	PO BOX 66574			
(Check if ac	ddress				
is changed)		Washington			20035
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please provide only one e-	-mail address)		
(Check if	address	mmoschella@vetpac.org			
is change					
COMMITTEE'S WEB		PRESS (URL) http://www.vetpac.org		1 1 1 1 1	
(Check if is change					
 DATE 0' FEC IDENTIFIC 	06	2012 C C	00396820		
4. IS THIS STATE!	MENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined thi	is Statement and to the best	of my knowledge and belief it	is true, correct a	and complete.
Type or Print Name	of Treasurer	Michael Moschella			
Signature of Treasure	<i>Michael</i> er	Moschella	[Electronically Filed]	Date 01	06 7 2012
NOTE: Submission of			may subject the person signing t		ne penalties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	EEC F -	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page 2
		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. (Con information below.)	nplete the candidate
Nam Cano	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		
VETERANS ALLI	ANCE FOR SECURITY AND DEMOCRAC	Y PAC (VETPAC)
6. Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
Ů		
		 , , , , - , , , ,
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person	on in possession of committee
Michael Mo	oschella	
Mailing Address	1201 7th ST NW	
J	Apt 102	
	Washington	20001
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
Full Name Michael Mo	oschella	
Mailing Address	1201 7th ST NW	
	Apt 102	
		20001
Title or Position	CITY STATE	ZIP CODE

Telephone number

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
-	oxes or maintains funds. Depository, etc.	
Name of Bank,	Depository, etc. Chain Bridge Bank, N.A. 1445-A Laughlin Avenue	
-	Depository, etc. Chain Bridge Bank, N.A. 1445-A Laughlin Avenue	
Name of Bank,	Depository, etc. Chain Bridge Bank, N.A. 1445-A Laughlin Avenue	
Name of Bank,	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue	ZIP CODE
Name of Bank,	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean VA 22101 CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE Depository, etc. Chase PO Box 260180	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE Depository, etc. Chase PO Box 260180	ZIP CODE