

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

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FEC MAIL ROOM
2002 FEB -1 P 3 58

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

V.I.S.I.O.N COUNCIL OF AMERICA POLITICAL ACTION COMMITTEE

"VISION PAC"

ADDRESS (number and street)

1700 Diagonal

(Check if address
is changed)

Suite 500

Alexandria VA 22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01 30 2002

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

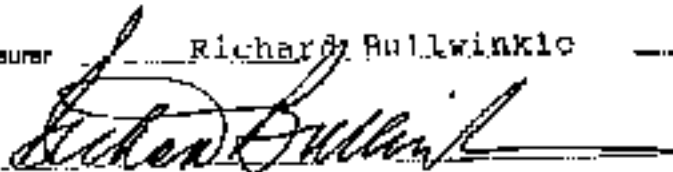
AMENDED (A)

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

Richard Bullwinkle

Signature of Treasurer



Date

01 30 2002

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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
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- (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

Vision Council of America _____

Mailing Address 1700 Diagonal _____
 Suite 500 _____
 Alexandria VA 22314 _____
 CITY STATE ZIP CODE

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

Vision Council of America Political Action Committee "VISION 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 Brian P. Carroll
 Mailing Address 1700 Diagonal
Suite 1500
Alexandria VA 22314
 Title or Position Controller CITY STATE ZIP CODE
 Telephone number

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 Richard Bullwinke
 Mailing Address 1700 Diagonal
Suite 1500
Alexandria VA 22314
 Title or Position _____ CITY STATE ZIP CODE
 Telephone number

Full Name of Designated Agent Brian P. Carroll
 Mailing Address 1700 Diagonal
Suite 1500
Alexandria VA 22314
 Title or Position _____ CITY STATE ZIP CODE
 Telephone number

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.

Trust

Mailing Address

3013 Duke Street

Alexandria VA 22314

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

