

# 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

ALION SCIENCE AND TECHNOLOGY CORPORATION PAC

ADDRESS (number and street)

1750 TYSONS BOULEVARD

(Check if address is changed)

SUITE 1300

MCLEAN

VA

22102

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ALIONPAC@ALIONSCIENCE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ALIONSCIENCE.COM

COMMITTEE'S FAX NUMBER

7037146509

2. DATE

03 / 15 / 2008

3. FEC IDENTIFICATION NUMBER

C C00431247

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

TIMOTHY A. COOK

Signature of Treasurer

Electronically Filed by TIMOTHY A. COOK

Date

03 / 15 / 2008

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

**ALION SCIENCE AND TECHNOLOGY CORPORATION** \_\_\_\_\_

\_\_\_\_\_

Mailing Address **1750 TYSONS BOULEVARD**  
**SUITE 1300**  
**MCLEAN** **VA** **22102** - \_\_\_\_\_  
**CITY ▲ STATE ▲ ZIP CODE ▲**

Relationship **CONNECTED** \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

**ALION SCIENCE AND TECHNOLOGY CORPORATION 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 **TIMOTHY A. COOK**

Mailing Address **11907 SMOKETREE ROAD**

**POTOMAC MD 20854**

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

**TREASURER Telephone number 703 918 4499**

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 **TIMOTHY A. COOK**

Mailing Address **11907 SMOKETREE ROAD**

**POTOMAC MD 20854**

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

**TREASURER Telephone number 703 918 4499**

Full Name of Designated Agent **GARY N. AMSTUTZ**

Mailing Address **13169 AUTUMN HILL LANE**

**HERNDON VA 22071**

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

**ASSISTANT TREASURER Telephone number 703 918 4485**

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.

SUNTRUST BANK

Mailing Address

3440 WISCONSIN AVENUE, NW

WASHINGTON

DC

20016

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲