Image# 11971552669 PAGE 1/5

STATEMENT OF

FEC FORM 1		ORGANIZ	ATION		Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
General D	ynami	cs Voluntary Po	olitical Contribution	on Plan (GDVPCP)
		2941 Fairview Park Dr.			
ADDRESS (number and street)		Suite 100			
(Check if ac is changed)		Falls Church		VA 2	2042
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only one e jweber@generaldynamics.			
COMMITTEE'S WEB	PAGE ADE	PRESS (URL)			
(Check if is change					
2. DATE 09	9 30	2011			
3. FEC IDENTIFIC	CATION NU	MBER C C	00078451		
4. IS THIS STATE	MENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined th	is Statement and to the besi	t of my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasurer	Joanne Weber			
Signature of Treasure	Joanne er	Weber	[Electronically Filed]	Date 10	03 / Y = Y = Y = Y = Y = Y
NOTE: Submission of			may subject the person signing the		e penalties of 2 U.S.C. §437g.
Office Use			For further information co Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	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. (Cominformation below.)	plete the candidate
Nam Can	e of didate		
	didate y 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:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so 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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne e	
General Dynan	nics Voluntary Political Contribution Plan (G	SDVPCP)
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
General Dynamics Co	prporation	
Mailing Address	2941 Fairview Park Drive	
3	Suite #100	
	Falls Church VA 22042	
	CITY STATE	ZIP CODE
Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Idea books and records. Joanne V 	entify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name	,2941 Fairview Park Drive	
Mailing Address	Suite #100	
	Falls Church , VA , 22042	
Title or Position	CITY STATE	ZIP CODE
Treasurer	703 - Telephone number	876 –3375
8. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name Joanne W	/eber	
of Treasurer	2941 Fairview Park Drive	
Mailing Address	Suite #100	
		ZIP CODE
Title or Position Treasurer		876 3375

Telephone number

Full Name of	Michele Hoffman	
Designated Agent		
Mailing Address	2941 Fairview Park Drive	
	Suite #100	
	Falls Church	22042
	CITY STATE	ZIP CODE
Title or Position Assistant Treas		876 - 3108
Banks or Otho	r Depositories: List all banks or other depositories in which the committee deposits fur	nds, holds accounts, rents
safety deposit b	Depository, etc.	
safety deposit b	poxes or maintains funds.	
safety deposit b	Depository, etc. Wachovia Bank (Wells Fargo) PO Box 563966	
safety deposit b Name of Bank,	Depository, etc. Wachovia Bank (Wells Fargo) PO Box 563966	
safety deposit b Name of Bank,	Depository, etc. Wachovia Bank (Wells Fargo) PO Box 563966	28256-3966
safety deposit b Name of Bank,	Depository, etc. Wachovia Bank (Wells Fargo) PO Box 563966	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Wachovia Bank (Wells Fargo) PO Box 563966 Charlotte NC	28256-3966
safety deposit b Name of Bank, Mailing Address	Depository, etc. Wachovia Bank (Wells Fargo) PO Box 563966 Charlotte CITY STATE	28256-3966
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safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wachovia Bank (Wells Fargo) PO Box 563966 Charlotte CITY STATE Depository, etc.	28256-3966

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Vangent Inc. Political Action Committee 4250 Fairfax Drive Mailing Address Suite 1200 22203 Arlington **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number