

**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
 Vision Council of America Political Action Committee

ADDRESS (Home or street) 1700 Diagonal Road
 Suite 500
 Alexandria VA 22314
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
 7034258352

2. DATE 02 / 17 / 2005

3. FEC IDENTIFICATION NUMBER C C00372441

4. IS THIS STATEMENT NEW (N) OR X 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 Thomas Harrison

Signature of Treasurer Electronically Filed by Thomas Harrison Date 02 / 17 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 Road _____

_____ Suite 500 _____

_____ Alexandria _____ VA _____ 22314 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Connected _____

Type of Connected Organization:

- | | | |
|-------------------------|---|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative |

Write or Type Committee Name

Vision Council of America Political Action Committee

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 **Thomas Harrison**

Mailing Address **1700 Diagonal Road**
Suite 500
Alexandria VA 22314

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **703 - 548 - 4560**

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 **Thomas Harrison**

Mailing Address **1700 Diagonal Road**
Suite 500
Alexandria VA 22314

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **703 - 548 - 4560**

Full Name of Designated Agent **Susan Arceneaux**

Mailing Address **P.O. Box 373**
Fairfax Station VA 22039

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **703 - 250 - 0496**

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

3013 Duke Street

Alexandria

VA

22314

CITY Δ

STATE Δ

ZIP CODE Δ