24038482683

RECEIVED
FEDERAL
OPERATIONS CENTER

2004 JUL 27 P 3:25

SI INTERNATIONAL

12012 Sunset Hills Road
Suite 600
Reston, VA 20190-5869

703.234.7000
703.234.7500 Fax

www.siinternational.com

July 27, 2004

VIA: Hand-Delivery

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: FEC Identification No. C00402669/SI International Inc Political Action Committee\
FEC Form 3X\Quarterly Report (Q2)

Ladies and Gentlemen:

We enclose for filing with your office, our quarterly report for the second quarter, 2004, FEC Form 3X for the period April 1, 2004 through June 30, 2004.

Our PAC was organized on June 24, 2004, only seven (7) days prior to the end of the reporting period. Because of this short period of time we did not believe we had to file Form 3X. As you can see from our filing, we received no contributions and made no disbursements. We apologize for this oversight and will make every effort in the future to comply fully with the rules and regulations of the Federal Election Commission.

If you have any questions or comments, please do not hesitate to contact me at (703) 234-7000. Thank you.

Sincerely,

Thomas E. Dunn
Treasurer

24038482684

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2004 JUL 27 P 3:25

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4MS

SI International Inc Political Action Committee

ADDRESS (number and street) ▼

12012 Sunset Hills Road, Suite 800

☐ Check if different than previously reported. (ACC)

Reston — VA — 20190 -

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 00402669

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☒ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	☐ May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non Election Year Only)
Mar 20 (M3)	☐ Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	☐ Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ____ in the State of ____

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ____ in the State of ____

5. Covering Period 04 01 2004 through 06 30 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas E. Dunn

Signature of Treasurer _____ Date 07 27 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g

Office Use Only							

FEC FORM 3X (Rev. 02/2003)

FE4AN045

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SI International Inc Political Action Committee

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, 2004		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 5(b) and 6(c) for Column A and Lines 5(a) and 6(c) for Column B)	0.00	0.00
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SI International Inc Political Action Committee

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2009)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(c), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	0.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FEC Schedule A (Form 3X) Rev. 02/2002

FE4A2004E

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)
SI International Inc Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

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Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

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Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

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SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 1 OF 1

☐ 11a ☐ 11b ☐ 11c ☐ 12
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Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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FEC ID number of contributing federal political committee. C

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Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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Full Name (Last, First, Middle Initial)

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City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

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Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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Full Name (Last, First, Middle Initial)

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Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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City | State | Zip Code

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Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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24038482695

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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Name of Employer Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

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Full Name (Last, First, Middle Initial)

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Name of Employer Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FE4/2003

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

24038482697

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FE4A0045

FEC Schedule A (Form 3X) Rev 02/2003

24038482698

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30c

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NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

FE4[illegible]

24038482699

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1 OF 1

☐ 21b	☒ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28c	☐ 30c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FE4AN045

FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 1 OF 1

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Candidate Name

Category/Type

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State: District:

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Date of Disbursement

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State: District:

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Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

24038482701

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☒ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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SI International Inc Political Action Committee

A.
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Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Amount of Each Disbursement this Period
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

B.
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Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Amount of Each Disbursement this Period
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

C.
Full Name (Last, First, Middle Initial)
Date of Disbursement
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Amount of Each Disbursement this Period
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☒ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 1 OF 1

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Mailing Address
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Purpose of Disbursement
Candidate Name
Category/Type
Amount of Each Disbursement this Period
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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Amount of Each Disbursement this Period
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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Mailing Address
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Purpose of Disbursement
Candidate Name
Category/Type
Amount of Each Disbursement this Period
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FEC Schedule B (Form 3X) Rev. 02/2003

FE4NN045

24038482703

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☒ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

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Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

24038482704

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER (check only one): [ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26 [X] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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Full Name (Last, First, Middle Initial)

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City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

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Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

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Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 1 OF 1

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State: District

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Date of Disbursement

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Office Sought: ☐ House ☐ Senate ☐ President

State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

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FEC Schedule B (Form 3X) Rev. 02/2003

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☒ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 1 OF 1

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NAME OF COMMITTEE (in Full)

SI International Inc Political Action Committee

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Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President

State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

B.

Full Name (Last, First, Middle Initial)

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Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President

State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FEC Schedule B (Form 3X) Rev. 02/2003

FE4W045

24038482707

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☒ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

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Candidate Name

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Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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Candidate Name

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State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FE4AH045

24038482709

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)
SI International Inc Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Date of Disbursement
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Amount of Each Disbursement this Period
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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Full Name (Last, First, Middle Initial)
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Purpose of Disbursement
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Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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Full Name (Last, First, Middle Initial)
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Purpose of Disbursement
Candidate Name
Category/Type
Amount of Each Disbursement this Period
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FE43/045

FEC Schedule B (Form 3X) Rev. 03/2003

24038482710

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election: ☐ Primary ☐ General ☐ Other (specify)

Mailing Address

City State ZIP Code

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS Date Incurred | Date Due | Interest Rate % (apr) | Secured: ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 0.00

TOTALS This Period (last page in this line only) ▶ 0.00

Carry outstanding balance only to LINE 3, Schedule D; for this line, if no Schedule D, carry forward to appropriate line of Summary.

FEAN045

FEC Schedule C (Form 3X) Rev. 02/2003

SCHEDULE C–1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for information found on Page 1 of Schedule C

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
SI International Inc Political Action Committee	C 00402669

LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		%
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred

B. If line of credit
Amount of this Draw:
Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established:

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title

DATE

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

[Use separate schedule(s) for each numbered line]

PAGE 1 OF 1

FOR LINE NUMBER: (check only one) [X] 9 [ ] 10

NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	0.00
2) **TOTALS** This Period (last page this line number only) ▶	0.00
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	0.00
4) **ADD** 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

24038482713

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 1 OF 1

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ▶	0.00
2) TOTALS This Period (last page this line number only) ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): SI International Inc Political Action Committee

FEC IDENTIFICATION NUMBER ▼: C 00402569

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶ 0.00

(c) **TOTAL** Independent Expenditures ▶ 0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date 07 27 2004

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SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in Full)
SI International Inc Political Action Committee

Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?
☐ YES ☐ NO
If YES, name the designating committee.

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

FEC Schedule F (Form 3X) Rev. 02/2008

FGAN045

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

USE ONLY ONE SECTION

State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

Separate Segregated Funds and Non-Connected Committees

Funds Expended

Estimated Direct Candidate Support -- Federal ..... 0.00 %

Estimated Direct Candidate Support -- Non-Federal ..... 0.00 %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal ..... 0.00 0.00 %

Actual Direct Candidate Support -- Non-Federal 0.00

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

SI International Inc Political Action Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NON-FEDERAL ACTIVITY

PAGE 1 OF 1
FOR LINE 15a OF FORM 3X

NAME OF COMMITTEE (In Full)
SI International Inc Political Action Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		0.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Total Amount Transferred)	0.00

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS OF ALLOCATED FEDERAL/NON-FEDERAL ACTIVITY

PAGE 1 OF 1
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
SI International Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

0.00 0.00 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and Non-Federal share to 21(a)(ii))

FEDERAL SHARE 0.00

NON-FEDERAL SHARE 0.00

TOTAL AMOUNT 0.00

TOTAL This Period for the Non-Federal Share

FE4AN040

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

[✓] Hand Delivered	Date of Receipt 7-27-04
[ ] USPS First Class Mail	Postmarked
[ ] USPS Registered/Certified	Postmarked (R/C)
[ ] USPS Priority Mail	Postmarked Delivery Confirmation ™ Label [ ]
[ ] USPS Express Mail	Postmarked
[ ] Postmark Illegible	
[ ] No Postmark	
[ ] Overnight Delivery Service (Specify):	Shipping Date
[✓] Received from House Records & Registration Office	Date of Receipt 7-27-04
[ ] Received from Senate Public Records Office	Date of Receipt
[ ] Received from Electronic Filing Office	Date of Receipt
[ ] Other (Specify):	Date of Receipt or Postmarked
PREPARER	7-27-04 DATE PREPARED

(5/2004)