FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1				Office use only								
	(See instructions)											
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	ıg, type	12F	E4M5		1			
Vought Aircr	aft Industries Inc	PAC								ш	ш	
							1 1	1 1			ш	
ADDRESS (number an	d street)	Box 655907										
X (Check if add is changed)	dress Dall	<u> </u>	 	<u> </u>		 	<u> </u>		7526	5 _ [590	 7
COMMITTEE E LA	All ADDRESS		CITY			STATE			ZIP	CODE	•	
COMMITTEE'S E-M	all ADDRESS											1
biogastavoc						ш		Щ	Щ			
			ш	шш		ш		ш	ш	ш	ш	
COMMITTEE'S WEE	B PAGE ADDRESS (U	JRL)										
				шш		ш					ш	
							1 1					
2. DATE 0	M / D D / Y	2006°										
3. FEC IDENTIFIC	ATION NUMBER	[C C00	361949								
4. IS THIS STATE	MENT X NEV	V (N) OR		AMENI	DED (A)							
I certify that I have example or Print Name of	nined this Statement and	d to the best of my kno		d belief it is tru	ue, correct ar	nd comple	ete					
Signature of Treasure	er Electronically File	ed by Mr. Steve	n Broga	n		Date	0 2	2 /	D 2 ^D 7	/ Y	Ý 2 (0 6
NOTE: Submission of	alse, erroneous, or inco	mplete information ma	-		_				f 2 U.S.C	. S437	g.	
Office Use Only				For further i Federal Electroll Free 800 Local 202-69	tion Commis 0-424-9530				FEC I	_		

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5.	TYPE OF COM	MMITTEE (Check One)							
	(a) (b)	This committee is a principal campaign committee. (Complete the candidate information below.) 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)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate								
	(Democratic, Republican,etc.) Party. ed fund or party								
6.	Name of Any	Connected Organization or Affiliated Committee							
L									
	Mailing Addres	es <u> </u>							
		CITY ≜ STATE ≜	ZIP CODE						
	Relationship Type of Conne	ected Organization:							
	Corpo	cration Corporation w/o Capital Stock Labor Organ	nization						
	Memb	pership Organization Trade Association Cooperative							

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Write or Type Committee Name			
Vought Aircraft Industries	s Inc PAC		
Custodian of Records: Ident possession of Committee bo		nber optional), and position of tl	ne person in
Full Name			
Mailing Address			
-	OFT.		
Title or Position ♥	CITY A	STATE	ZIP CODE A
-		Telephone number	
name and address of any de	nd address (phone number optionsignated agent (e.g., assistant trees are Brogan 9314 West Jefferson	onal) of the treasurer of the comm easurer).	
Mailing Address _			
-	Dallas		75211
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Business Ma	anager	Telephone number 972	9465820
Full Name of Designated Agent			
Mailing Address			
- Title or Position ∀	CITY A		ZIP CODE A
		Telephone number	

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Э.	Banks or Other Depositories safety deposit boxes or maintai	•	deposits funds, holds accounts, rents	
	Name of Bank, Depository, etc.			
	Wells F	argo		
	Mailing Address	PO Box 63020		
		Şan Francisco	ÇA 94163 _	1 1 1

 $\mathbf{STATE}\, \boldsymbol{\angle}$

 $\textbf{ZIP CODE} \quad \triangle$

CITY \triangle