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**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

Sharp Pencil PAC

ADDRESS (Number and street)

P. O. Box 221573

(Check if address is changed)

Chantilly

VA

20153

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-802-3218

2. DATE 06 16 2004

3. FEC IDENTIFICATION NUMBER

C 00000000

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

Jorris Leonard

Signature of Treasurer

*Jorris Leonard*  
Electronically Filed by Jorris Leonard

Date

06 17 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5425g

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Full Time 800-424-9550  
Local 202-004-1100

**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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**Sharp Pencil 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 Jerris Leonard

Mailing Address Foley and Lardner  
3000 K Street, NW, 5th Floor  
Washington DC 20002

Title or Position **Treasurer** CITY STATE ZIP CODE  
 Telephone number 202 295 4080

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 Jerris Leonard

Mailing Address Foley and Lardner  
3000 K Street, NW, 5th Floor  
Washington DC 20002

Title or Position **Treasurer** CITY STATE ZIP CODE  
 Telephone number 202 295 4080

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position \_\_\_\_\_ CITY STATE ZIP CODE  
 Telephone number \_\_\_\_\_

g. **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.

**BB & T**

Mailing Address

13821 Lee Jackson Hwy.

Chantilly

VA

20151


CITY ^

STATE ^

ZIP CODE ^

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 6-21-04
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	6-28-04 DATE PREPARED