

**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

**EDO CORPORATION PAC**

ADDRESS (number and street)

**60 E 42ND STREET**☐(Check if address  
is changed)**42nd FLOOR****NEW YORK****NY****10165**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**susan.cohen@edocorp.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**2127162049**

2. DATE

M M  
0 5/ D D  
2 9/ Y Y Y Y  
2 0 0 8

3. FEC IDENTIFICATION NUMBER

**C C00329318**

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

**EFFIE PAVLOU**

Signature of Treasurer

Electronically Filed by **EFFIE PAVLOU**

Date

M M  
0 5/ D D  
2 9/ Y Y Y Y  
2 0 0 8

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**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  
CandidateCandidate  
Party AffiliationOffice  
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

EDO CORPORATION

Mailing Address

60 E. 42ND STREET

42ND FLOOR

NEW YORK

NY

10165

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

**EDO CORPORATION 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 **SUSAN COHEN**

Mailing Address **60 E.42ND STREET**

**42ND FLOOR**

**NEW YORK** **NY** **10165** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**CUSTODIAN OF RECORDS**

Telephone number - -

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 **EFFIE PAVLOU**

Mailing Address **60 E. 42ND STREET**

**42ND FLOOR**

**NEW YORK** **NY** **10165** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**TREASURER**

Telephone number - -

Full Name of Designated Agent **GREG KUDLA**

Mailing Address **60 E. 42ND STREET**

**42ND FLOOR**

**NEW YORK** **NY** **10165** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**ASST TREASURER**

Telephone number - -

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.

BANK OF AMERICA, N.A.

Mailing Address

P.O. Box 55850

Boston

MA

02205

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

ITT CORPORATION PAC (ITTPAC)

Mailing Address

4 WEST RED OAK LANE

WHITE PLAINS

NY

10604

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☒

Membership Organization

☐

Trade Association

☐

Cooperative

**Designated Agent**

[ ADDITIONAL ]

Full Name

Mailing Address

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Title or Position ▼

CITY A

STATE ZIP CODE **A**

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Telephone number

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