

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

WED OCT 29 A 9 08

October 6, 2004

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

Re: SkyPAC

Dear Sir or Madam:

On September 21, 2004, I submitted FEC Form 1 registering SkyPAC as a political committee, of which I am Treasurer, but omitted the bank account information on No. 9 on the form. Enclosed is a copy of the form I submitted, with No. 9 completed.

Thank you for your assistance.

Sincerely,



Amanda M. Huron  
Treasurer  
SkyPAC

Enclosure

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FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines.

12F34M5

SKYPAC

ADDRESS (number and street)

c/o 1746 COLUMBIA ROAD #4

(Check if address  
is changed)

WASHINGTON

DC

20009

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

skyvote@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

09 13 2004

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT



NEW (N)

OR

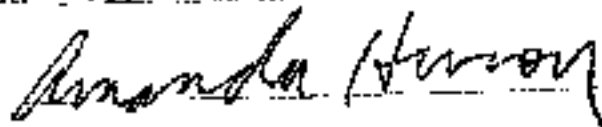
AMENDED (A)

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

Amanda Huron

Signature of Treasurer



Date

09 21 2004

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 800-424-9596  
Voice 202-694-3100FEC 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

JOHN F. KERRY

(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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

SKYPAC

2. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

AMANDA HURON

Mailing Address

1746 COLUMBIA RD NW #4

WASHINGTON

DC

20009

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

202-246-0112

3. 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

AMANDA HURON

Mailing Address

1746 COLUMBIA RD NW #4

WASHINGTON

DC

20009

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

202-246-0112

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

Mailing Address

1090 VERMONT AVE NW

WASHINGTON

DC 20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

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<br>10-20-04        |
| <input type="checkbox"/> USPS Registered/Certified                                              | Postmarked (R/C)              |
| <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 |
| <br>PREPARER | 10-29-04<br>DATE PREPARED     |