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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FZ4M5

THE GENERAL FUND

ADDRESS (number and street)

(Check if address
is changed)

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BUDJACKSON@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.GENERALFY.COM

COMMITTEE'S FAX NUMBER

703-548-6979

2. DATE

01 06 2004

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

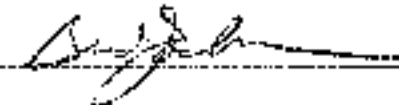
AMENDED (A)

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

BUD JACKSON

Signature of Treasurer



Date

01 06 2004

NOTE: Submission of false, incorrect, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4027.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact
Federal Election Commission
Toll Free: 800-438-6532
Local: 202-696-1100

FEC FORM 1
(Revised 02/2003)

6. 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 WESLEY CLARK _____

(d) This committee is a _____ (National, State or subcommittee) 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.

7. Name of Any Connected Organization or Affiliated Committee

Street Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Organization with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Candidate Name

7. Generalities of Receipts: Identify by name, address (please number - optional), and position of the person in possession of respective books and records.

Full Name: ROD JACOBSON

Mailing Address: 220 NORTH WASHINGTON STREET
SUITE 10
ALEXANDRIA VA 22314

Title or Position: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Telephone number: 703-578-3100

8. Treasurer: List the name and address (please 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: ROD JACOBSON

Mailing Address: 220 NORTH WASHINGTON STREET
SUITE 10
ALEXANDRIA VA 22314

Title or Position: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Treasurer: TREASURER Telephone number: 703-578-3100

Full Name of Designated Agent: SAME AS ABOVE

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 trade, trust accounts, assets safety deposit boxes or maintains funds.

Name of Bank, Depository, etc:

BANK OF AMERICA

Mailing Address:

16802 FLEMING BLVD. HIGH RISE

WILMINGTON, DE 19804

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 Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <i>1-7-04</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (RIC)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>SA</i> PREPARER		<i>1-7-04</i> DATE PREPARED

(6/2003)