

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CAMPAIGN ACCOUNTABILITY POLITICAL ACTION COMMITTEE (CAP)

ADDRESS (Home or street)

6849 OLD DOMINION DRIVE

X

(Check if address is changed)

SUITE 222

MCLEAN

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

05 / 09 / 2003

3. FEC IDENTIFICATION NUMBER

C C00355727

4. IS THIS STATEMENT

X

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

Leslie J. Kerman

Signature of Treasurer

Electronically Filed by Leslie J. Kerman

Date

05 / 09 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9630  
Local 202-894-1110

**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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

\_\_\_\_\_  
 \_\_\_\_\_

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

**CAMPAIGN ACCOUNTABILITY POLITICAL ACTION COMMITTEE (CAP)**

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 **Leslie J. Kerman**

Mailing Address **6849 Old Dominion Drive**  
**Suite 222**  
**McLean VA 22101**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number **571 633 9741**

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 **Leslie J. Kerman**

Mailing Address **6849 Old Dominion Drive**  
**Suite 222**  
**McLean VA 22101**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number **571 633 9741**

Full Name of Designated Agent **Mary-Elizabeth Patochney**

Mailing Address **6849 Old Dominion Drive**  
**Suite 222**  
**McLean VA 22101**

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number **571 633 9742**

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.

Riggs Bank, N.A.

Mailing Address

800 17th Street, N.W.

Washington

DC

20006 -

CITY Δ

STATE Δ

ZIP CODE Δ