FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	ATION		
1 Ottom 1	(See instruction	ns)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
GREEK AMER	ICAN POLITICAL ACTION COMM	IITTEE (GREEKPAC)	11111	
				11111111
ADDRESS (number and s	P.O. BOX 1263			
(Check if address			11111	
is changed)	ALEXANDRIA		L YA	22313 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-			
(Check if address is changed)	GREEKPAC@GMAIL	COM 		
io onangoo,				
COMMITTEE'S WER I	PAGE ADDRESS (URL)			
	WWW GREEKAMER	ICANPAC.COM		
(Check if address is changed)				
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		_	
3. FEC IDENTIFICATION	TION NUMBER	C C00408393		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kno	wledge and belief it is true, correc	et and complete	
	Theodore V. Koo	sh		
Type or Print Name of	TreasurerTHEOGOTE V. KOC	ALL		
Signature of Treasurer	Electronically Filed by Theodore	V. Koch	Date 0 3	26 Y 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may	y subject the person signing this \$	•	_
Office	5	For further information		
Use Only		Federal Election Communication From Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)

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5.		COMMITTEE (Check One) te Committee:							
	(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	e <u> </u>							
	Candidate Party Affil		State District						
	(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate	e							
	Party Cor	Party Committee:							
	(d)	(National, State (In this committee is a committee of the	Democratic, epublican,etc.) Party.						
	Political Action Committee (PAC):								
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.)	organization is a:						
		Corporation Corporation w/o Capital Stock Labor	r Organization						
		Membership Organization Trade Association Coop	perative						
		In addition, this committee is a Lobbyist/Registrant PAC.							
	(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee. (i.e., nonconnected committee)	und or party						
		X In addition, this committee is a Lobbyist/Registrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	Joint Fundraising Representative:								
	(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.								
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.								
	C	committees Participating in Joint Fundraiser							
		1. FEC ID number C							
		2. FEC ID number							
		3 FEC ID number C							
		FEC ID number C							

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W	rite or Type Committee Name	ITICAL ACTION COMMITTEE (GRE	EKBAC)				
	GREEK AWIERICAN POL	THEAL ACTION COMMITTEE (GRE	ERPAG				
6.	Name of Any Connected Orga	anization, Affiliated Committee, Joint Fu	ndraising Representative, or	Leadership PAC Sponsor			
	NONE						
				<u> </u>			
	Mailing Address						
		<u> </u>					
		CITY▲	STATE A	ZIP CODE 🛦			
	Relationship: Connected Organization	Affiliated Committee Je	oint Fundraising Representative	Leadership PAC Sponsor			
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Theodore V. Koch Full Name						
	Mailing Address	901 N. Washington Street					
		Suite 102					
		Alexandria		22314			
	Title or Position ▼ Custodian	CITY A of Records	STATE A Telephone number	ZIP CODE 1 03 - 299 - 8570			
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 Theodore V. Koch						
	Mailing Address	901 N. Washington Street					
		Suite 102					
		Alexandria	VA	22314			
	Title or Position ♥	CITY 🛦	STATE	ZIP CODE A			
	Treasurer		Telephone number	703 299 8570			

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	Full Name of Designated Agent	_					
	Mailing Address	5 _					
	Title or Position ▼			CITY A		STATE A	ZIP CODE A
					Telephone nu	umber	
9.	Banks or Other I safety deposit box Name of Bank, De	ces or maintai	ns funds.	nks or other depositorie	s in which the committe	e deposits funds, ho	lds accounts, rents
		Wacho	via				
	Mailing Address		1711 Feri	n Street			
	9						
			Alexandr	ia, , , , , , , , ,		VA	
				CITY 🛕		STATE _	ZIP CODE 🛕
	Name of Bank, De	epository, etc.					
	Mailing Address						
				CITY △		STATE △	ZIP CODE 🛕