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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. 12FE4M5

SIX PAC AKA O.G. PAC

ADDRESS (number and street) 1518 HAMLIN ST NE

(Check if address is changed) WASH WASHINGTON DC 20017

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS info@ogpac.org

COMMITTEE'S WEB PAGE ADDRESS (URL) www.ogpac.org

COMMITTEE'S FAX NUMBER NA

2. DATE 05 / 18 / 2005

3. FEC IDENTIFICATION NUMBER C00408997

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 Christopher A. Flood

Signature of Treasurer [Handwritten Signature] Date 05 / 18 / 2005

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.

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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 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

- (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

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Write or Type Committee Name

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 CHRISTOPHER A FLOOD

Mailing Address 1518 HAMLIN ST NE
WASHINGTON DC 20017

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 202-832-8284

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 CHRISTOPHER A FLOOD

Mailing Address 1518 HAMLIN ST NE
WASHINGTON DC 20017

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 202-832-8284

Full Name of Designated Agent CHRISTOPHER A FLOOD

Mailing Address 1518 HAMLIN ST NE
WASHINGTON DC 20017

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 202-832-8284

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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.

CITIBANK

Mailing Address

1400 G ST NW

WASHINGTON DC 20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<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

JSD
PREPARER
(3/2005)

5/27/05
DATE PREPARED

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