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2004 APR 16 P 4:00

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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF COMMITTEE (or full) (Check if name is changed) Example: If typing, type over the lines. 127B4M5

SOCAS FOR CONGRESS

ADDRESS (number and street) 1123 BALDWIN TRAIL LN

(Check if address is changed) (Arlington) VA 22201

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SOCASFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

(703)-848-1163

2. DATE 04 14 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) X

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 Andrew T. Odell

Signature of Treasurer [Signature] Date 04 16 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.

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: JAMES R. SOGAS

Candidate Party Affiliation: DEM      Office Sought:  House      Senate      President      State: VA      District: 10

- (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 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.

6. Name of Any Connected Organization or Affiliated Committee

INCOME

Street 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

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 ANDREW

Mailing Address

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703-848-1654

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 ANDREW T. OGDEN

Mailing Address 1223 SALLANTRAE LANE

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703-848-1654

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9 Bank 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

13601 CHAMBERLAIN ROAD

MILFORD VA 22102

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.

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