

2004 SEP 27 A 9 25

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. 125E4M5

VIETNAM EXPLOS, INC

ADDRESS (number and street) 13121 ESWORTHY ROAD

(Check if address is changed)

~~NORTH POTOMAC MD~~

NORTH POTOMAC MD 20878-8746

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS C.P.RAMAN@VIETNAMEXPLOS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.VIETNAMEXPLOS.ORG

COMMITTEE'S FAX NUMBER

2 DATE 09 16 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 MICHAEL P. CROWIN

Signature of Treasurer [Signature] Date 09 22 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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate JOHN KERRY _____

(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

NONE _____

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

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 TREASURER

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number: _____-_____-_____

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 MICHAEL P. CRONIN

Mailing Address ~~12345~~ PO BOX 59067

POTOMAC MD 20854

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CHAIRMAN Telephone number: 301-216-2984

Full Name of Designated Agent _____

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 funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc

WACHOVIA BANK

Mailing Address

9812 FALLS RD

9812 FALLS ROAD

POTOMAC

MD

20854

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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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

(5/2004)

9-27-04
 DATE PREPARED