

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

PACIFIC DEFENSE SYSTEMS POLITICAL ACTION COMMITTEE

ADDRESS (Home or street)

PO BOX 448

(Check if address is changed)

NATIONAL CITY

CA

91951

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

zpacs@cox.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6194742412

2. DATE

11 / 30 / 2004

3. FEC IDENTIFICATION NUMBER

C C00394205

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Mr. Irving Refkin

Signature of Treasurer

Electronically Filed by Mr. Irving Refkin

Date

12 / 01 / 2004

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 800-424-9530  
Local 202-894-1100

**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 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 \_\_\_\_\_

- (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

**Pacific Defense Systems** \_\_\_\_\_

Mailing Address \_\_\_\_\_ **P.O. Box 448** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **National City** \_\_\_\_\_ **CA** \_\_\_\_\_ **91951** - \_\_\_\_\_

**CITY A**

**STATE A**

**ZIP CODE A**

Relationship  **Connected** \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**PACIFIC DEFENSE SYSTEMS POLITICAL ACTION COMMITTEE**

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 Mr. Irving Refkin

Mailing Address P.O. Box 448

National City CA 91951 -     

Title or Position ▼ Treasurer CITY ▲ STATE▲ ZIP CODE ▲

Telephone number 619 - 474 - 8122

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 Mr. Irving Refkin

Mailing Address P.O. Box 448

National City CA 91951 -     

Title or Position ▼ Treasurer CITY ▲ STATE▲ ZIP CODE ▲

Telephone number 619 - 474 - 8122

Full Name of Designated Agent Mr. Irving Refkin

Mailing Address P.O. Box 448

National City CA 91951 -     

Title or Position ▼ Designated Agent CITY ▲ STATE▲ ZIP CODE ▲

Telephone number 619 - 474 - 8122

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.

Wells Fargo Bank

Mailing Address

829 Orange Avenue

Coronado

CA

92118

CITY ▲

STATE ▲

ZIP CODE ▲