

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

FEDERAL ELECTION OPERATIONS CENTER

2005 FEB 18 3:03

Circle use only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If lobbying, type over the lines

12FE4M6

Safeguarding America by Expanding National Security PAC (SAXPAC)

ADDRESS (number and street)

PO Box 40119

(Check if address is changed)

Washington

DC

20016

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

7034258352

2. DATE

02 / 16 / 2005

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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 J. Ward

Signature of Treasurer

Christopher J. Ward

Date

02 / 16 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §457g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Call Free 800-424-9530 Local 202-694-1103

FEC FORM 1 (Revised 02/2005)

FEA 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	Office	House	Senate	President	State
Party Affiliation	Sought:				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

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

Safeguarding America by Expanding National Security PAC (SAXPAC)

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 J. Ward

Mailing Address 6302 Massachusetts Ave

Bethesda MD 20816

CITY A STATE A ZIP CODE A

Title or Position Treasurer 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 Christopher J. Ward

Mailing Address 6302 Massachusetts Ave

Bethesda MD 20816

CITY A STATE A ZIP CODE A

Title or Position Treasurer Telephone number _____

Full Name of Designated Agent _____

Mailing Address _____

CITY A STATE A ZIP CODE A

Title or Position _____ Telephone number _____

FEC Form 4 (Revised 02/2003)

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

1753 Pinnacle Dr

McLean

VA

22102

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2-18-05
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<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
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

K1
 PREPARER

(5/2004)

2-18-05
 DATE PREPARED