Image# :	26930017766
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FEC FORM 1	STATEMEI ORGANIZA (See instruction	ATION	Office use only
1. NAME OF COMMITTEE (in t	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
	;		
ADDRESS (number and s	treet) 13970 Stowe Drive		
(Check if addre is changed)	ss Poway		
COMMITTEE'S E-MAI	ADDRESS	CITY	STATE ZIP CODE
COMMITTEE'S WEB	PAGE ADDRESS (URL)		· ·
COMMITTEE'S FAX N 8588480407			
2. DATE 0.3	/ D D / Y Y Y Y 27 2006		
3. FEC IDENTIFICA	TION NUMBER	C C00339093	
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)			
I certify that I have examine	ned this Statement and to the best of my know	wledge and belief it is true, correct and	l complete
Type or Print Name of Treasurer Mr. Brent Wilkes			
Signature of Treasurer Electronically Filed by Mr. Brent Wilkes Date Date Date Date Date			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS			
Office Use Only		For further information co Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

FEOF	Form 1 (Revised 02/2003)	Page 2		
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				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
(d)	This committee is a (or subordinate) committee of the Re	emocratic, publican,etc.) Party.		
(e) X This committee is a separate segregated fund				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee.	nd or party		
6. Name of A	Any Connected Organization or Affiliated Committee			
1		1		
	<u> </u>			
Mailing Ad	dress			
CITY STATE ZIP COD				
Relationship				
Type of Co	onnected Organization:			
Co	prporation Corporation w/o Capital Stock Labor Organizati	on		
М	lembership Organization Trade Association Cooperative			

	FEC Form 1 (Revised 02	/2003)		Page 3		
W	rite or Type Committee Name					
	ADCS Inc. PAC					
7.	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone number books and records.	optional), and position of th	e person in		
	Full Name					
	Mailing Address					
	Title or Position ♥	CITY 🛦	STATE	ZIP CODE		
		· · ·	Telephone number			
8.	Treasurer: List the name and address of any	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. Bre	nt Wilkes				
	Mailing Address	13712 Paseo Valle Alto				
		Poway	CA	92064		
	Title or Position ♥	CITY A	STATE	ZIP CODE		
			Telephone number			
	Full Name of Designated Agent					
	Mailing Address					
	Title or Position ♥	СІТҮ 🛦	STATE A			
			Telephone number			

FEC Form 1 (Revised 02/2003)			Page 4
Banks or Other Depositories:	List all banks or other denositories in which the committee denosite funds	holde accounte	ronte

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.

Mailing Address	4365 Executive Drive		
	Suite 650		
	San Diego	ÇA	92121
	CITY 🛆		ZIP CODE 🛆