

**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
 ATLANTIC RESEARCH CORPORATION POLITICAL ACTION COMMITTEE (ARC-PAC)

ADDRESS (Home or street) 5945 WELLINGTON ROAD
 (Check if address is changed) GAINESVILLE VA 20155 - 1533
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 Pjenkins@arc-sg.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
 7037545099

2. DATE 11 / 14 / 2003

3. FEC IDENTIFICATION NUMBER C C00196709

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 Patrick Jenkins

Signature of Treasurer Electronically Filed by Patrick Jenkins Date 01 / 21 / 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

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				State
Party Affiliation	Sought:	House	Senate	President	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

Atlantic Research Corporation _____

Mailing Address _____ 5945 Wellington Road _____

Galnesville _____ VA _____ 20155 - 1838 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ Connected _____

Type of Connected Organization:

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

Write or Type Committee Name

ATLANTIC RESEARCH CORPORATION POLITICAL ACTION COMMITTEE (ARC-PAC)

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 **Patrick Jenkins**

Mailing Address **9709 Counsellor Dr**

Vienna VA 22181 -

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 **Patrick Jenkins**

Mailing Address **9709 Counsellor Dr**

Vienna VA 22181 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

Full Name of Designated Agent **Timothy Murray**

Mailing Address **331 Quail Pointe Rd**

Knoxville TN 37922 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number **685 - 583 - 7603**

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.

BB&T

Mailing Address

4401 Backlick Road

Annandale

VA

22003 - 3312

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Chromalloy Gas Turbine Corp.

Mailing Address PO Box 200150

San Antonio TX 78220

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

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

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____