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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. 12BE4ME

Percent for 2004 Inc

ADDRESS (number and street) 3028 Ritchie Highway Suite 303

(Check if address is changed)

Pasadena MD 21122-4362

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

percentfor2004inc@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

Percentfor2004.com

COMMITTEE'S FAX NUMBER

410-766-8592

2. DATE 01-02-2004

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

Gary Michael Janis

Signature of Treasurer

Date

01-02-2004

NOTE: Submission of false information or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §407. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 11/2003)

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 Michael Anthony Peroutka

Candidate Party Affiliation CON Office Sought: House Senate President State 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

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Organization 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 Gary Michael Jamis

Mailing Address 2028 Ritchie Highway, Suite 303
Pasadena MD 21122-1369

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number (410)-291-1244

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 Gary Michael Jamis

Mailing Address 2028 Ritchie Highway, Suite 303
Pasadena MD 21122-1369

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number (410)-291-1244

Full Name of Designated Agent Alison Potter

Mailing Address 2028 Ritchie Highway, Suite 303
Pasadena MD 21122-1369

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

Telephone number (410)-291-1244

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.

Branch Banking & Trust

Mailing Address

17681 Linton Hall Road

Gainesville VA 20155

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 Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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