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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. 12F84M5

GRAD PAC

ADDRESS (number and street) 1005 CAMERON STREET

(Check if address is changed)

ALEXANDRIA VA 22314

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@gradpac.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.gradpac.org

COMMITTEE'S FAX NUMBER

703-519-1616


2. DATE 03 17 2004

3. FEC IDENTIFICATION NUMBER C00372607

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 TRAVNER STEPHEN F.

Signature of Treasurer  Date 03 14 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) -- NO CHANGES --

- (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: \_\_\_\_\_

- (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 -- NO CHANGES --

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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

SEADRAC

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 KEVIN M KEATING

Mailing Address 1005 CAMERON STREET

ALEXANDRIA VA 22314

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 703-519-9207

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 KEVIN M KEATING

Mailing Address 1005 CAMERON STREET

ALEXANDRIA VA 22314

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 703-519-9207

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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.

CITI BANK FSB

Mailing Address

1516 LEE'S BURG PIKE

VIENNA VA 22182

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

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