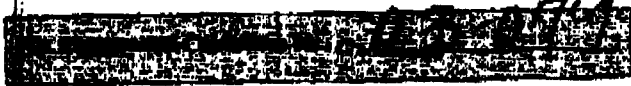


Commonwealth of Virginia  
Statement of Organization for a POLITICAL COMMITTEE

Please complete all required information from this form on all sides.  
This document must be clear, legible and typed or printed in blue or black ink.

Section 24.2-900 of the Code of Virginia  
Definitions, statutory references and filing instructions contained in the Campaign Finance Disclosure Act Summary Guide

This form may be transmitted by fax. The original must be forwarded on the day of the fax transmittal.



1. What is the type of filing? (select only one)  New Registration  Amended Information  Annual Filing

2. For what year is this form being filed? Filing Year (All other committees) 2003-04

3. Name of Committee: EriAmPAC (Entire American Political Action Committee)  
INSERT FULL NAME OF POLITICAL COMMITTEE; PLEASE SPELL OUT ACRONYMS

**NOTE:**  
Any political committee, which intends to use the name of a candidate as part of the name of their political committee, must file, along with this form, a copy of:  
• the written authorization of the candidate consenting to the use of his name; or  
• the political committee's notice to the candidate and evidence of that the notice was mailed twenty-one or more days before filing this form.  
If two candidates seeking the same office have the same last name, the political committee shall include the first name, or other initial or nickname, and the last name of the candidate. In the name of the political committee so as to identify which candidate is associated with the political committee.

4. What is the type of committee? (select only one)  
 Political Party Committee  
 Political Action Committee (PAC)  In state or  Out of state Filing Year 2003-04  
 Issue Oriented Committee (formed solely to support/oppose a question appearing on a ballot in any jurisdiction).  
 Inaugural Fund Committee

5. Filing Information (Please check all that apply)  
 This committee intends to file the required campaign finance reports electronically.  
 This committee intends to file the required campaign finance reports on paper forms.

6. Committee's Mailing Address (UNLESS THIS IS A NATIONAL POLITICAL PARTY COMMITTEE OR OUT OF STATE PAC THAT IS ESTABLISHED OR CONTROLLED BY A CORPORATION DOING BUSINESS IN VIRGINIA, THE MAILING ADDRESS MUST BE IN THE COMMONWEALTH OF VIRGINIA.)

6109 PINTO PLACE  
INSERT STREET, POST OFFICE BOX OR RURAL ROUTE NUMBER  
SPRINGFIELD VA 22150  
CITY STATE ZIP CODE  
(703) 989-9143 HABTEABG@MSN.COM  
BUSINESS PHONE (INCLUDING AREA CODE) FAX TELEPHONE E-MAIL ADDRESS

Disposition of residual funds  
7. Is committee a continuing one?  Yes or  No

NOTE: If your committee is intended to be a continuing committee, it plans to stay in existence beyond the current calendar year. If your committee is non-continuing, it may only be used for the Primary and General elections of the year that you've indicated on this form. A continuing committee may remain in effect until the committee files a final disclosure report.

**8. Financial institutions and other repositories of committee funds (SEE ITEM NUMBER 10)**

Please list all financial institutions (if existing, list all as of today's date)

NAME <b>CHEVY CHASE BANK</b>	CITY OF FINANCIAL INSTITUTION <b>ARLINGTON, VA</b>	ACCOUNT NUMBER <b>1633250890</b>
NAME	CITY OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
NAME	CITY OF FINANCIAL INSTITUTION	ACCOUNT NUMBER

**9. Area of activity, scope and party affiliation of committee:**

a. This political committee is a:

- Local committee     Non-federal State committee     Non-federal State & local committee

If this committee will not operate on a statewide basis, please list the counties/cities in which the committee will operate:

b. This committee will primarily: support/oppose candidates seeking  Local or  State office

c. Political party affiliation (if any): NONE

**Affiliated or Connected Organizations (including Federal PACs)**

d. Name of affiliated organization or group: NONE (e.g., United Laborers, etc.)

e. Type of Associated Organization:  Labor  Trade or  Business Association

f. Affiliated organization or group's relationship: \_\_\_\_\_ (e.g., Parent Organization)

**g. Check the category that identifies your committee's purpose, nature or special interest.**

Note: Include business or occupation, if any, that members of, or contributors to, the committee have in common.

For example: Nurse's PAC would check Medical/Health Care.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Animal Rights  | <input type="checkbox"/> Real Estate            | <input type="checkbox"/> Medical / Health Care             |
| <input type="checkbox"/> Banking  | <input type="checkbox"/> Environmental          | <input type="checkbox"/> Political Party Central Committee |
| <input type="checkbox"/> Beverage Industry  | <input type="checkbox"/> Insurance              | <input type="checkbox"/> Retail / Wholesale                |
| <input type="checkbox"/> Business (list type below)   | <input type="checkbox"/> Labor / Union          | <input type="checkbox"/> Teachers / Education              |
| <input type="checkbox"/> Community Association  | <input type="checkbox"/> Legal                  | <input type="checkbox"/> Construction/Housing              |
| <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Utility / Energy / Oil | <input type="checkbox"/> Transportation                    |
| <input checked="" type="checkbox"/> Other (if categories don't apply - explain purpose):  | <u>CIVIL AND POLITICAL RIGHTS</u>               |  |
| <input type="checkbox"/> This is a Ballot Issue Committee (please identify the Ballot Issue that the Committee is formed to support or oppose): |   |  |

**Political Activity Information**

h. Candidate(s) the committee is supporting or opposing: (If existing, list all as of today's date)

Check here if your committee is supporting an entire ticket List Party: \_\_\_\_\_

Full Name and Address of Candidate(s)	Support	Oppose	Office	Party Affiliation

i. In the event of dissolution or termination of the committee, what disposition will be made of residual funds? (check all that apply)

- Return funds to original contributors in amounts not to exceed their individual contribution.
- Contribute to a candidate(s) or another Political Committee: \_\_\_\_\_
- Transfer to a charitable organization described in §170 of the Internal Revenue Code.
- The committee would no longer have activity in Virginia but continue to operate.
- Unknown at this time.

10. Custodian of books and accounts/Officer/Account information (Check whichever applies)



Full Name of Treasurer	Residence Address and Zip:	Business Address:
HABTEEB GABRIEL	200 N. PICKETT ST. #613 ALEXANDRIA, VA 22304	1100 MAIN ST. FAIRFAX, VA 22030

Other Principal Officers (including officers and members of the finance committee, if any): If this PAC is not established or controlled by a corporation doing business in Virginia, you MUST include at least one principal officer who is a resident of the Commonwealth.

Full Name of Treasurer	Title or Position	Residence Address:
HELLEN TESFAMARIAM	SECRETARY	<del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> 1323 11th St. NW WASH DC 20001

11. Statement of Treasurer or other Committee Officer

As required by Virginia's Campaign Finance Disclosure Act, I hereby affirm and say that this Committee is in compliance with all provisions of §24.2-900 of the Code of Virginia; and that the information contained in this Statement of Organization is complete, true and correct.

HABTEEB GABRIEL  
TYPE OR PRINT FULL NAME OF COMMITTEE TREASURER

[Signature]  
SIGNATURE OF CANDIDATE OR COMMITTEE TREASURER

10 OCT. 2003  
DATE SIGNED

(703) 989-9143  
DAYTIME TELEPHONE NUMBER OF PREPARER

Knowingly making any untrue statement or entry in this document is a felony under Virginia law. The punishment is a maximum fine of \$2500 and/or confinement for up to 10 years, also, you could lose your right to vote.