Image# 14940080058				01/24/2014 14 : 35
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4
1. NAME OF	(Check if name	Example: If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
	Association PAC			
ADDRESS (number and street)	Post Office Box OO			
(Check if address				
is changed)	McLean		VA 22	101-
			L L_⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDF	ioverstreet@theita.com			
(Check if address is changed)		•		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
2. DATE 01	20 / Y Y Y Y 2014			
3. FEC IDENTIFICATION	NUMBER ► C c	00362020		
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	d complete.
T	rer John Overstreet			
Type or Print Name of Treasu				
Signature of Treasurer	an Overstreet	[Electronically Filed]	Date 01	/ D D / Y Y Y Y 24 2014
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	
Can	didate	e Committee:	
(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. (Compleinformation below.)	te the candidate
Name Cand			
Cand Party	lidate Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	
(d)			emocratic, publican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Indoor Tanning Association PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	ciation, Inc.			
Mailing Address	2025 M St NW			
	Ste 800			
	Washington		DC 20036	6-2422
	CITY		STATE	ZIP CODE
Relationship: X Connecte	ed Organization	e Joint Fundraising	Representative	Leadership PAC Spons
Custodian of Records: Ide books and records.	entify by name, address (phone numbe	er optional) and position	on of the person in	possession of committe
Full Name				
Mailing Address				
Title or Position	CITY		STATE	ZIP CODE
		Telephone num	ber	
Tressurer List the name of	nd 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 John Ove				
Full Name John Ove	rstreet			
any designated agent (e.g., Full Name John Ove of Treasurer	rstreet			
any designated agent (e.g., Full Name John Ove of Treasurer	rstreet		VA 22207 STATE	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			 																							1					
Mailing Address																															
																								1			_		1		
						СП	ΓY											STA	ΤE						ZIF	o C	OD	Е			
Title or Position																															
													Tele	eph	ione	e ni	umt	ber				<u> </u>] –				_				

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.

	Vrginia Commerce Bank	
Mailing Address	5350 Lee Highway	
		VA 22207-1608 –
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
	L	
Mailing Address		
	CITY	STATE ZIP CODE