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2002 JUL -9 A 9:25

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

NAVPAC

ADDRESS (number and street) 1628 E 17th AVE

☑ (Check if address is changed)

TAMPA FL 33605-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://home.talkcity.com/LibertySt/usnpac/index.html

2. DATE 07 03 2002

3. FEC IDENTIFICATION NUMBER ▶ C00348128

4. IS THIS STATEMENT ☐ NEW (N) OR ☑ AMENDED (A)

only changes as enclosed

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 Bill Meyers

Signature of Treasurer [signature] Date 07 03 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

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

FEC FORM 1
(Revised 1/01)

FE1AN046

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 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

Mailing Address

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

NAVPAC

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

Mailing Address

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: BILL MEYERS

Mailing Address: 7028 W WATERS AVE #325

TAMPA FL 33634-

Title or Position ▼: TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 813-273-2320

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

22037631182

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.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 7-3-02
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☐	Electronic Filing	

PREPARER	DATE PREPARED 7-9-02

(6/2000)