

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

NAME OF COMMITTEE OR FUND: _____ CHECK IF NEW OR CHANGED
INTERNATIONAL MASS RETAIL ASSOCIATION PAC

Date: **11/07/95**
 FEDERAL IDENTIFICATION NUMBER: **C00112763**
 THIS STATEMENT AN AFFIRMATION: YES NO

Mailing and Street Address: **1700 N. Moore Street, Suite 2250**
 City, State and ZIP Code: **Arlington, VA 22209**

JAN 10 3 32 PM '96

1. TYPE OF COMMITTEE (check one):
- (a) This committee is a primary campaign committee. (Complete the candidate information below.)
 - (b) This committee is an authorized committee and is NOT a primary campaign committee. (Complete the candidate information below.)
 - (c) This committee supports/opposes only one candidate: _____ and is NOT an authorized committee.
Name of Candidate: _____ Campaign Party Affiliation: _____ Office Sought: _____ State/ District: _____
 - (d) This committee is a _____ committee of the _____ Party.
National/ State or Subordinate: _____ (Democratic, Republican, etc.): _____
 - (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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

2. 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

3. Treasurer: List the name and address (if available) optional, of the treasurer of the committee, and the name and address of any designated alternate treasurer.

Full Name	Mailing Address	Title or Position

4. 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 and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

NAME OF TREASURER: John A. ... SIGNATURE OF TREASURER: [Signature] DATE: 10 January 1996

NOTE: Submission of false information 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.

0152210

For Letter Information Contact:
 Federal Election Commission
 Call-toll 800-424-9500
 Local 202-376-3100

FEC FORM 1
 (Revised 4-87)

**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>1-18-96</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
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<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>SM</i> PREPARER	<i>1-19-96</i> DATE PREPARED

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