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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (as full) (Check if name is changed) Example: If typing, type over the lines 12PS4M5

FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1615 L STREET NW
SUITE 650
WASHINGTON DC 20036-5606
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 03 16 2004

3. FEC IDENTIFICATION NUMBER 000370130

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 NEIL A. SIMON
Signature of Treasurer [Handwritten Signature] Date 03 16 2004

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.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (c) 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

FINANCIAL PLANNING ASSOCIATION _____

Mailing Address: 1615 L STREET NW
SUITE 1050
WASHINGTON DC 20036-5106
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: CONNECTED _____

- Type of Connected Organization:
- Corporation
 - Corporation w/o Capital Stock
 - Labor Organization
 - Membership Organization
 - Trade Association
 - Cooperative

Write or Type Committee Name

FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

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 WILLIAM R. DEREUTERMailing Address FINANCIAL PLANNING ASSOCIATION
1615 L STREET NW SUITE 650
WASHINGTON DC 20036-1560Title or Position ASSISTANT TREASURER CITY DC STATE DC ZIP CODE 20036-1560
Telephone number 202-626-8553

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 WILLIAM A. SIMONMailing Address FINANCIAL PLANNING ASSOCIATION
1615 L STREET NW SUITE 650
WASHINGTON DC 20036-1560Title or Position TREASURER CITY DC STATE DC ZIP CODE 20036-1560
Telephone number 202-626-8553Full Name of Designated Agent WILLIAM R. DEREUTERMailing Address FINANCIAL PLANNING ASSOCIATION
1615 L STREET NW SUITE 650
WASHINGTON DC 20036-1560Title or Position ASSISTANT TREASURER CITY DC STATE DC ZIP CODE 20036-1560
Telephone number 202-626-8553

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or insures funds.
Name of Bank, Depository, etc.

UNITED BANK

Mailing Address 11875 GYE STREET, NW

WASHINGTON DC 20006

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.

| | |
|---|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  | 3/22/04 |
| PREPARER | DATE PREPARED |