

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM

2000 DEC 19 P 12:40

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) direct-voice, the Political Action Committee of The Direct Marketing Association	2. DATE 12/18/2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1111 19th Street, N.W., Suite 1100	3. FEC Identification Number C00235309
(c) City, State and ZIP Code Washington, DC 20036	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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	State/District

(c) This committee supports/opposes only one candidate _____, and is NOT an authorized committee.
(name of candidate)

(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.

B. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Direct Marketing Association	1111 19th Street, N.W. Suite 1100 Washington, DC 20036	Connected Organization

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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
Mark A. Micali	1111 19th Street, N.W., Ste. 1100, Washington, DC 20036	Treasurer

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	Mailing Address	Title or Position
Mark A. Micali	1111 19th Street, N.W., Ste. 1100, Washington, DC 20036	Treasurer

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 and ZIP Code
Riggs Bank, N.A.	P.O. Box 1912 Washington, DC 20074

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 Mark A. Micali	SIGNATURE OF TREASURER 	DATE 12/18/00
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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.

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 12/19/00
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<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
<input type="checkbox"/> Electronic Filing	
 J.A.D. PREPARER	 12/19/00 DATE PREPARED