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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

INDEPENDENT OFFICE PRODUCTS AND FURNITURE DEALERS ASSOCIATION

ADDRESS (number and street) 301 NORTH FAIRFAX STREET

(Check if address is changed) SUITE 200

ALEXANDRIA VA 22314 2696

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dealerPAC@IOPFDA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.IOPFDA.ORG

2. DATE 06 09 2002

3. FEC IDENTIFICATION NUMBER ▶ C

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 complete.

Type or Print Name of Treasurer JAMES McGARRY

Signature of Treasurer [signature] Date 06 19 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)

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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) X 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**

NATIONAL OFFICE PRODUCTS ALLIANCE
OFFICE FURNITURE DEALERS ALLIANCE

Mailing Address 301 NORTH FAIRFAX STREET
SUITE 200
ALEXANDRIA VA 22314-2696

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship DIVISIONS OF IOPFDA

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization X | Trade Association | Cooperative

22037614266

FEC Form 1 (Revised 1/01) Page 3

Write or Type Committee Name
IOPFDA PAC

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 JAMES MCGARRY

Mailing Address 301 NORTH FAIRFAX STREET
SUITE 200
ALEXANDRIA VA 22314-2696

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRESIDENT Telephone number 703-549-9040

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 JAMES MCGARRY

Mailing Address 301 NORTH FAIRFAX STREET
SUITE 200
ALEXANDRIA VA 22314-2696

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRESIDENT Telephone number 703-549-9040

Full Name of Designated Agent PAUL MILLER

Mailing Address 301 North Fairfax Street
Suite 200
Alexandria VA 22314-2696

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Director of Gov't Affairs Telephone number 703-549-9040

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.

VIRGINIA COMMERCE BANK

Mailing Address 506 KING STREET

ALEXANDRIA VA 22314 2696

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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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 6-20-02
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PREPARER	DATE PREPARED 6-25-02

(6/2000)