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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AUTOMOTIVE RECYCLERS ASSOCIATION

ADDRESS (number and street) 3975 FAIR RIDGE DRIVE
SUITE T-20 NORTH
☐ (Check if address is changed) FAIRFAX VA 22033-2924

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
ARAPAC@AUTORECYC.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
703-385-1494

2. DATE 05 11 2004

3. FEC IDENTIFICATION NUMBER ▶ C

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 GEORGE K. ELIADES

Signature of Treasurer George K. Eliades Date 05 11 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.

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

FEC FORM 1
(Revised 02/2003)

FE24M04.PDF

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

AUTOMOTIVE RECYCLERS ASSOCIATION

Mailing Address 3975 FAIR RIDGE DRIVE
SUITE T-20 NORTH
FAIRFAX VA 22033-2924

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

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: JOHN CAPONITI, CPA

Mailing Address: AUTOMOTIVE RECYCLERS ASSOCIATION
3975 FAIR RIDGE DRIVE, SUITE T-20 NORTH
FAIRFAX VA 22033-2924

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ACCOUNTANT

Telephone number 703-385-1001 EXT. 18

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: GEORGE K. ELIADES

Mailing Address: AUTOMOTIVE RECYCLERS ASSOCIATION
3975 FAIR RIDGE DRIVE, SUITE T-20 NORTH
FAIRFAX VA 22033-2924

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

EXECUTIVE VICE PRESIDENT

Telephone number 703-385-1001 EXT. 14

Full Name of Designated Agent: ISABEL SULLIVAN

ASSISTANT TREASURER

Mailing Address: AUTOMOTIVE RECYCLERS ASSOCIATION
3975 FAIR RIDGE DRIVE, SUITE T-20 NORTH
FAIRFAX VA 22033-2924

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ADMINISTRATIVE DIRECTOR

Telephone number 703-385-1001 EXT. 11

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.

BANK OF AMERICA

Mailing Address 12011 LEE JACKSON MEMORIAL HIGHWAY

FAIRFAX VA 22033-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

24038412345

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.

☑ Hand Delivered	Date of Receipt 5-11-04
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☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	5-17-04 DATE PREPARED

(8/2004)