

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC 11 AM 11:00

1. (a) NAME OF COMMITTEE IN FULL
International Foodservice Distributors Political Action Committee (IFDAPAC)

(b) Number and Street Address
201 Park Washington Court

(c) City, State and ZIP Code
Falls Church, VA 22046

2. FEC IDENTIFICATION NUMBER
C0038521

3. TYPE OF COMMITTEE (check one)
 STATE PARTY
 OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on 11/20/02 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: Food Distributors Voice In Politics Committee

FEC Identification Number: C00201509

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

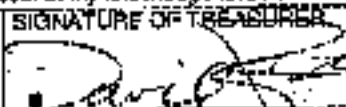
	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

(b) **Contributors:** The committee received a contribution from its 51st contributor on: _____

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _____

(d) **Qualification:** The committee met the above requirements on: _____

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

TYPE OR PRINT NAME OF TREASURER David French	SIGNATURE OF TREASURER 	DATE 12/4/02
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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. §487g. 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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>12-14-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
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<i>gls</i> PREPARER	<i>12-14-02</i> DATE PREPARED