

**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

INDOOR TANNING ASSOCIATION PAC

ADDRESS (Number and street) **3870 North Rixey Street**

(Check if address is changed)

Arlington **VA** **22207**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE **05 / 07 / 2002**

3. FEC IDENTIFICATION NUMBER **C00362020**

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 **John Overstreet**

Signature of Treasurer Electronically Filed by John Overstreet Date **05 / 07 / 2002**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	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

Indoor Tanning Association, Inc. _____

Mailing Address _____ PO BOX 4001 _____

_____ Jackson _____ MI _____ 49201 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Connected Org _____

Type of Connected Organization:

- | | | |
|-------------------------|---|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative |

Write or Type Committee Name

INDOOR TANNING ASSOCIATION 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 John Overstreet

Mailing Address 3870 North Rixey Street

Arlington VA 22207 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer/Custodian Telephone number 703 - 532 - 4326

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 John Overstreet

Mailing Address 3870 North Rixey Street

Arlington VA 22207 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 703 - 532 - 4326

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

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

5350 Lee Highway

Arlington

VA

22207 -

CITY Δ

STATE Δ

ZIP CODE Δ