

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

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FEC MAIL ROOM

2001 JUN -4 A 9 31

Office Use Only

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

Information Technology Association of America's Net Political Action Committee,  
(ITAA's NetPAC)

ADDRESS (number and street) 1401 Wilson Boulevard  
Suite 1100  
X (Check if address is changed) Arlington VA 22209-2318

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 09 2000

3. FEC IDENTIFICATION NUMBER C 00317446

4. IS THIS STATEMENT NEW (N) OR A 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 Harris N. Miller

Signature of Treasurer  Date 06 01 2001

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 202-691-1100

FEC FORM 1  
(Revised 1/01)

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
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- (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

Information Technology Association of America (ITAA)

Mailing Address 1404 Wilson Boulevard  
 Suite 1100  
 Arlington VA 22209-2318  
 CITY STATE ZIP CODE

Relationship Connected

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

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 Jack Babbitt

Mailing Address 1401 Wilson Boulevard  
Suite 1100  
Arlington VA 22209 - 2318

Title or Position Director, Finance CITY STATE ZIP CODE

Telephone number 703 - 522 - 5055

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 Harris N. Miller

Mailing Address 1401 Wilson Boulevard  
Suite 1100  
Arlington VA 22209 - 2318

Title or Position CITY STATE ZIP CODE

President, ICAA Telephone number 703 - 522 - 5055

Full Name of Designated Agent Robert C. Cresanti

Mailing Address 1401 Wilson Boulevard  
Suite 1100  
Arlington VA 22209 - 2318

Title or Position CITY STATE ZIP CODE

Sr. VP of Government Affairs & Gen. Counsel Telephone number 703 - 522 - 5055

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

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
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<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
<input type="checkbox"/> Electronic Filing	
<i>Jmb</i> PREPARER	<i>6-4-01</i> DATE PREPARED