

**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)

2025 M Street NW, 6th Floor

X (Check if address is changed)

Washington

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2029557704

2. DATE 09 / 22 / 2000

3. FEC IDENTIFICATION NUMBER C C00362020

4. IS THIS STATEMENT NEW (N) OR X 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 06 / 07 / 2005

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

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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

Indoor Tanning Association _____

Mailing Address _____ P.O. Box 4001 _____

Jackson _____ **MI** _____ **49201** - _____

CITY A

STATE A

ZIP CODE A

Relationship **Connected Organization** _____

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 2025 M Street NW
8th Floor
Washington DC 20036

Title or Position ▼ Custodian CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20036

Telephone number 202 - 367 - 1225

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 2025 M Street NW
8th Floor
Washington DC 20036

Title or Position ▼ Treasurer/Custodian CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20036

Telephone number 202 - 367 - 1225

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