

2001 AUG -6 P 3 36

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

AUTOMOTIVE WAREHOUSE DISTRIBUTORS ASSOCIATION

POLITICAL ADDITION COMMITTEE

ADDRESS (number and street)

101 LABORATORY DRIVE

(Check if address  
is changed)

P.O. BOX 13966

RESEARCH TRIANGLE PARK NC 27709-8966

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

08 02 2001

3. FEC IDENTIFICATION NUMBER ▶

C 00147371

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 Joseph A. Grisetti

Signature of Treasurer

*Joseph A. Grisetti*

Date 08 02 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 202-694-1100

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 \_\_\_\_\_

- (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

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

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 Joseph A. Griscti

Mailing Address 10 Laboratory Drive  
Research Triangle Park NC 27709-3966

Title or Position Treasurer CITY NC STATE NC ZIP CODE 27709-3966

Telephone number 919-549-4800

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 Joseph A. Griscti

Mailing Address 10 Laboratory Drive  
Research Triangle Park NC 27709-3966

Title or Position Treasurer CITY NC STATE NC ZIP CODE 27709-3966

Telephone number 919-549-4800

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.

B, a, n, k, o, f, A, m, e, r, i, c, a

Mailing Address

P, O, B, o, x, 1, 0, 9, 1

C, h, a, r, l, o, t, t, e, N, C, 2, 8, 1, 2, 5, 0 - 3, 1, 0, 1, 8, 3

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.

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