



Dairy Mart Convenience Stores, Inc.
One Dairy Mart Way
300 Executive Parkway West
Hudson, Ohio 44236

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

(330) 342-6600
FAX: (330) 342-6625

Federal Election Committee
999 East Street NW
Washington, DC 20463
Attention: Ed Ryan

SEP 21 2 12 PM '99
September 19, 1999

Dear Mr. Ryan,

Per your request, included you will find an updated Statement of Organization for Dairy Mart (PAC).

As requested the form reflects the updated address and Treasury members.

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

Gene Perrotto
Manager - Treasury & Credit
(330) 342-6664

(See reverse side for instructions)

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SEP 21 2 12 PM '99

| | | |
|---|---|--|
| 1. (A) NAME OF COMMITTEE IN FULL Dairy Mart (PAC) Dairy Mart Convenience Stores, Inc. | <input type="checkbox"/> (Check if name is changed) | 2. DATE 9/14/99 |
| (B) Number and Street Address 300 Executive Parkway West | <input checked="" type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number C00022053 |
| (C) City, State and ZIP Code Hudson, OH 44236 | | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

| 8. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| | | |

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 | Mailing Address | Title or Position |
|---------------|---|-----------------------|
| Gene Perrotto | 300 Executive Parkway West, Hudson OH 44236 | Mgr-Treasury & Credit |

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 | Mailing Address | Title or Position |
|-------------------|----------------------------|---------------------|
| Gregory G. Landry | 300 Executive Parkway West | Treasurer |
| Susan Adams | Hudson, OH 44236 | Asst. Treasurer |
| Gregg Budof | | 2nd Asst. Treasurer |

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 and ZIP Code |
|--------------------------------|---|
| Bank One, NA | 50 South Main Street, 6th Floor Akron, OH 44309-3547 |

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 Gregory G. Landry | SIGNATURE OF TREASURER <i>Gregory G. Landry</i> | DATE 9/16/99 |
|--|--|-----------------|

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.

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 9-17-99 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <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>Jed</i> PREPARER | 9-21-99 DATE PREPARED |