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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

Intermedia Communications Inc PAC

ADDRESS (number and street) One Intermedia Way

(Check if address is changed) Mail code - FLT-WHL

Tampa CITY ▲ FL STATE ▲ 33647 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ipac@intermedia.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03 26 2001

3. FEC IDENTIFICATION NUMBER ▶ C00347328

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 Victoria V. Zapp

Signature of Treasurer *V. Zapp* Date 03 26 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.

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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 Victoria V. Zepp

Mailing Address 2111 Ellicott Drive
Tallahassee FL 32312-1317

Title or Position Assistant Treasurer CITY STATE ZIP CODE

Telephone number 850-229-1009

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 _____

Mailing Address _____

Title or Position _____ CITY STATE ZIP CODE

Telephone number _____

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.

	[]		
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.

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