

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See Instructions)

RECEIVED  
FEC MAIL ROOM

2001 OCT -2 A 9 40

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

NARMI-PAC, IOE INTERNATIONAL ASSOCIATION OF TELECOMMUNICATIONS  
AMERICAN DISSEMINATORS

ADDRESS (number and street)

9 KEVINS DRIVE - SUITE 1120

(Check if address  
is changed)

MARLTON NJ 08053

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

09 21 2001

3. FEC IDENTIFICATION NUMBER ▶

C

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

James P. Hrobak

Signature of Treasurer

Date

09 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.

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
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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

NATIONAL ASSOCIATION OF RECORDING MERCHANTS

Mailing Address 9 SEVENS DRIVE - SUITE 1120

MARLTON NJ 08053

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

NARMPA of NATIONAL ASSOCIATION OF RECORDING MERCHANTS

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 JAMES P. HROBIAK

Mailing Address 19 LEWIS DRIVE - SUITE 1120

MARLTON IN 08053

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 856-596-2221

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 JAMES P. HROBIAK

Mailing Address 19 LEWIS DRIVE - SUITE 1120

MARLTON IN 08053

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 856-596-2221

Full Name of Designated Agent JAMES DIONTO

Mailing Address 19 LEWIS DRIVE - SUITE 1120

MARLTON IN 08053

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number 856-596-2221

B. 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.

COMMERCE BANK NA

Mailing Address

215 GARDENVIEW ROAD

MARTON

NJ

08053

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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