

RECEIVED
U.S. MAIL
OPENED AS GENERAL
2002 NOV 15 P 3 10

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in NR)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

HEALTH INDUSTRY DISTRIBUTORS ASSOCIATION PAC

ADDRESS (number and street)

310 MONTGOMERY STREET

(Check if address
is changed)

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

11 13 2002

3. FEC IDENTIFICATION NUMBER ▶

C00130161

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

JENNIFER ALFISI, ESQ.

Signature of Treasurer

Jennifer Alfisi

Date

11 13 2002

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 800-424-6530
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.

B. Name of Any Connected Organization or Affiliated Committee

HEALTH INDUSTRY DISTRIBUTORS ASSOC.

Mailing Address

310 MONTGOMERY STREET

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CREATOR of PAC

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Name 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 JENNIFER MAY ALFISI, ESQ.

Mailing Address 310 MONTGOMERY STREET

ALEXANDRIA VA 22314

Title or Position

CITY

STATE

ZIP CODE

DIRECTOR, GOVT. RELATIONS

Telephone number 703-838-6109

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 JENNIFER MAY ALFISI, ESQ.

Mailing Address 310 MONTGOMERY STREET

ALEXANDRIA VA 22314

Title or Position

CITY

STATE

ZIP CODE

DIRECTOR, GOVT. RELATIONS

Telephone number 703-838-6109

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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for 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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 11/15/02
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
	11/15/02
PREPARER	DATE PREPARED

2002 NOV 14 10:37 AM EST