STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM
2000 SEP 26 A 9:18

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)	2. DATE
NASSAU DEMOCRATIC COUNTY COMMITTEE	9/18/00
(b) Number and Street Address ☐ (Check if address is changed)	3. FEC Identification Number
1 OLD COUNTRY ROAD	REQUESTED
(c) City, State and ZIP Code	4. Is This Report An Amendment? ☐ YES ☒ NO
CARLE PLACE, NY 11514	

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 COUNTY committee of the DEMOCRATIC 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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
NONE	—	—

Type of Connected Organization NO INFORMATION
☐ 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
JOSEPH GALANTE	1 OLD COUNTRY ROAD CARLE PLACE, NY 11514	SEC.

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
HOWARD WEITZMAN	8 HILLTOP DRIVE, GREAT NECK NY 11021	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
CHASE MANHATTAN BANK	410 NORTHERN BLVD GREAT NECK NY 11021

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	SIGNATURE OF TREASURER	DATE
HOWARD WEITZMAN	Howard Weitzman	9/18/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person filing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:

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.

☐	Hand Delivered	Date of Receipt
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CR — PREPARER

9/26/00 — DATE PREPARED

(6/2000)