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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. 12FB4M5

Lazio 2000 INC

ADDRESS (number and street) P.O. Box 5063

(Check if address is changed) Bay Shore NY 11706

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03/11/2002

3. FEC IDENTIFICATION NUMBER ▶ C00323618

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 Andrew B. Siben

Signature of Treasurer *Andrew B. Siben* Date 03/12/2002

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.

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:

Laz:02000, Inc.

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 William H Jennings  
 Mailing Address Mark Paneth + Sharon LLP  
88 Froehlich Farm Blvd  
Woodbury NY 11797  
 Title or Position Executive Partner CITY STATE ZIP CODE  
 Telephone number 516-992-5888

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 ANDREW B. SIBEN  
 Mailing Address 90 EAST MAIN ST  
BAY SHORE  
NY 11706  
 Title or Position CITY STATE ZIP CODE  
TREASURER Telephone number 631-665-3400

Full Name of Designated Agent ANDREW B. SIBEN  
 Mailing Address 90 E MAIN ST  
BAY SHORE NY 11706  
 Title or Position CITY STATE ZIP CODE  
Partner Lawyer Telephone number 631-969-5403

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.

THE SUFFOLK COUNTY NATIONAL BANK

Mailing Address

955 Little East Neck Road North

West Babylon NY 11704

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

CITIBANK

Mailing Address

77 East Main Street

Bay Shore NY 11706

CITY ▲

STATE ▲

ZIP CODE ▲

