RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

ZDM APR -3 P 2:19

Friends of Bill Zeliff 7285 Swan Point Way Columbia, MD 21045

March 29, 2000

Federal Election Commission Attn: Willie D. Ball Reports Analysis Division 999 E Street, NW Washington, DC 20463

Identitication Number: C00279935

Reference: Mid-Year Report (01/01/99-06/30/99)

Dear Mr. Ball,

We are recently in receipt of your correspondence dated February 8, 2000, regarding the above referenced report.

Enclosed please find an amended Statement of Organization showing a change of address for the Friends of Bill Zeliff committee. This change was previously noted as a new address on the reports filed on FEC Form 3.

The name change of First NH Bank to Citizens Bank is also noted on line 9.

Thank you for your attention to this matter.

Sincerely,

Trudy Matthes Barksdale

Treasurer

Friends of Bill Zeliff

Enclosures

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

Priends of Bill Zeliff March 29, 2000 FECERAL ELECTION COMMISSION MAIL RODM On Standard Street Address Published Way March 29, 2000 FECERAL ELECTION COMMISSION MAIL RODM On City State and Sirved Address A B. This Report An Amendment? March 29, 2000 FECERAL ELECTION COMMISSION MAIL RODM APR -3 P 2 19	(a) NAME OF COMMITTEE IN FULL	(Check if name is changed)	2. DATE	ļ			
Description and Street Adjusted Description Descript	Friends of Bill Zeliff		March 2	9, 2000	FEC	ERAL ELECTION	И НОМ
285 SWATH POT 10 Works 10 Miles 10 Mil	Ib) Number and Street Address	(Check if eddless is charged)					
S. TYPE OF COMMITTEE (Check one)	7285 Swan Point Way		4, Is This Report	An Almendment?	1000	APR -3 ₽ 2:	14
(a) This committee is a principal compalign committee. (Complete the carefidate information below.)	Columbia, MD 21045		MA AES				
(b) This committee is an authorized committee, and is MOT a principal comparison. (Complete the caredidate information below.) Name of Candidate	6. TYPE OF COMMITTEE (Check on	p)					
Name of Candidate Candidat	(a) This committee is a princ	ipal campaign committee. (Comple	ale the candidate in	niormation bekin	w.)		
Candidate Cand	(b) This committee is an aut					State/District	,,,,]
[c] This committee supports/ooccases only one conscisues	Name of Candidate	Candidate	Party Afficiation	Culica Poodu	<u> </u>		j
(d) This committee is a	L 				FON si tyre	an sutherized commi	ilten.
(d) This committee is a National, State or subordinate) (Democratic, Republican, etc.)	(c) This committee supports	/oodcaas only one candidate	(name of care	didala)			
[4] This committee is a separate segregated fund. [6] This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee. [7] Type of Connected Organization or Affiliated Committee Mailing Address and ZIP Code Relationship [8] Type of Connected Organization with Capital Stock Labor Organization Mambarship Organization Trade Association Cooperative [9] Comparison Cooperation with Capital Stock Labor Organization Mambarship Organization Trade Association Cooperative [9] Courborlain of Records: Identify by name, address (phane number - optional) and position of the person in possession of committee books at records. [8] Full Name Mailing Address This or Position [9] Banks or Other Dependence List all banks or other depositories in which the committee deposits kinds, holds accounts, rents safety deposits on or maintains tands. [9] Banks or Other Dependence: List all banks or other depositories in which the committee deposits kinds, holds accounts, rents safety deposits on or maintains tands. [9] Banks or Other Dependence: List all banks or other depositories in which the committee deposits kinds, holds accounts, rents safety deposits for maintains tands. [9] Banks or Other Dependence: List all banks or other depositories in which the committee deposits kinds, holds accounts, rents safety deposits on or maintains tands. [9] Banks or Other Dependence: List all banks or other depositories in which the committee deposits kinds, holds accounts, rents safety deposits in which the committee deposits for many committee and complete. [9] Banks or Other Dependence: List all banks or other depositories in which the committee deposits kinds, holds accounts, rents safety deposits of the properties of the formation and safety in the properties which the committee and complete. [9] Banks or Other Dependence: List all banks or other depositories in which the committee deposits kinds, holds accounts, rents safety deposits and the				f the			Party.
(i) Tris committee supports/opposes more than one Federal candidate and is NOT a separate segregated lund or a party committee. 8. Name of Any Connected Organization or Affiliated Committee Relationships Type of Connected Organization or Affiliated Committee Relationships Type of Connected Organization Organization Manufacture (Poderal State of Composition of Records; Identify by name, address (phane number — optional) and position of the person in possission of committee books as records. Full Name Mailing Address Title or Position 8. Tressurer: Unit the name and address (phane number — optional) of the tressurer of the committee; and the name and address of any designate agent (e.g., sellictant tressurer). Mailing Address Title or Position P. Banks or Other Depositories: List all banks or other depositories invitach the committee deposits funds, holds accounts, remis safety deposit box or maintains funds. Name of Bank, Depository, site. P. O. Box 6418 Manchester, NH 03108-6418 Icentify that if have examined this Statement and to the basi of my knowledge and befief it is true, connect and complete. Type OR PRINT NAME OF TREASURER Trudy Matthes Barksdale Note: Submission of lists, processor, or incomplete information resy subject the person signing this Statement to the person signing this Statement to the personal complete information or processing processing the Statement for the person signing this Statement to the person signing this Statement to the person signing this Statement to the personal committee of the pers	(d) This committee is a —	(National, State or subordinate)		ļu	dillocasiie, mol		
Relationship Rela	(e) This committee is a sep	arale segregated fund.	anddale and is N	a elsuades a TC	egrégated lund	d or a party committee	€.
Type of Connected Organization or Affiliated Committee Type of Connected Organization Corporation Cor	(f) This committee supports	Appears more parties.		_			
Type of Connected Organization Corporation Corporation who Capital Stock Labor Organization Maniberahlp Organization Trade Association Cooperative Composition Corporation who Capital Stock Labor Organization Maniberahlp 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 as records. Full Name Mailing Address Title or Position 8. Tressurer: List the name and address (phone number - optional) of the tressurer of the committee; and the name and address of any designation 8. Tressurer: List the name and address (phone number - optional) of the tressurer of the committee; and the name and address of any designation 9. Banks or Other Depositories: List all banks or other depositories invalid the committee deposite sunds, holds accounts, remit safety deposition or maintains tunds. Name of Bank, Depository, atc. Mailing Address and Zip Code Citizens Bank Name Change Formerly Manchester, NR 03108-6418 1/certify that I have summon this Systement and to the bast of my knowledge and better if is true, correct and complete. Trudy Matthes Barksdaie Mailing Address DATE 3/29/00 Trudy Matthes Barksdaie Mailing Address DATE 3/29/00 NOTE: Submission of lates, arroneous, or incomplete Information may subject the person signing this Systement to the personal or 2U.S.C. \$4379. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS For Auther Information committee FEBANOSS FEC FORM For Auther Information committee FEBANOSS FEC FORM Truvised 4//	6. Name of Any Con Organization of Affiliates	nected Committee	Mailing Ack	ogs		Melaficuent	
7. Custodian of Records: Identity by name, address (phone municy)— operation Full Name 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designate agent (e.g., assistant treasurer). Full Name Mailing Address Title or Position Title or Position Pull Name Pull Name Mailing Address Mailing Address and ZIP Code P. O. Box 6418 (Name change - Formerly Manchester, NH 03108-6418 I certify that I have examined this Statement and to the bast of my knowledge and befler it is true, correct and complete. Trudy Matthes Banks Trudy Matthes Banksdale NOTE: Submission of fates, processes, or incomplete information may subject the person signing this Statement to the persollins of 2 U.S.C. \$4979. NOTE: Submission of fates, processes, or incomplete information may subject the person signing this Statement to the persollins of 2 U.S.C. \$4979. Por buther information contact: For buther information contact: Federal Elaption Commission For buther information commission For buther information commission For buther information commission Federal Elaption Com					1		
7. Custodian of Records: Identity by name, address (phone municy)— operation Full Name 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designate agent (e.g., assistant treasurer). Full Name Mailing Address Title or Position Title or Position Pull Name Pull Name Mailing Address Mailing Address and ZIP Code P. O. Box 6418 (Name change - Formerly Manchester, NH 03108-6418 I certify that I have examined this Statement and to the bast of my knowledge and befler it is true, correct and complete. Trudy Matthes Banks Trudy Matthes Banksdale NOTE: Submission of fates, processes, or incomplete information may subject the person signing this Statement to the persollins of 2 U.S.C. \$4979. NOTE: Submission of fates, processes, or incomplete information may subject the person signing this Statement to the persollins of 2 U.S.C. \$4979. Por buther information contact: For buther information contact: Federal Elaption Commission For buther information commission For buther information commission For buther information commission Federal Elaption Com	i						
7. Custodian of Records: Identity by name, address (phone municy)— operating records. Full Name 8. Treasurer: List the name and address (phone number - aptional) of the treasurer of the committee; and the rease and address of any designate agent (e.g., assistant treasurer). Full Name Mailing Address Title or Position Title or Position P. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, remis safety depositions for maintains funds. P. O. Box 6418 (Name of Bank, Depository, atc. P. O. Box 6418 (Name change — Formerly Manchester, NH 03108-6418 I certify that I have examined this Satement and to the bast of my knowledge and befier it is true, correct and complete. Trudy Matthes Banks arrowsome, or incomplete information may subject the person signing this Satement to the persollies of 20.8.0, \$4979. NOTE: Submission of fates, arrowsome, or incomplete information may subject the person signing this Satement to the persollies of 20.8.0, \$4979. Por butter information contact: For butter information contact: For butter information contact: Federal Elaption Commission Trudes PORTACH # \$400000000000000000000000000000000000	l				!		
7. Custodian of Records: Identity by name, address (phone multiple of position records. Full Name 8. Treasurer: List the name and address (phone number - aptional) of the treasurer of the committee; and the rease and address of any designation agent (e.g., assistant treasurer). Full Name Mailing Address Title or Position P. Banks or Other Depositories: List allibanks or other depositories in which the committee deposits funds, holds accounts, rents safety deposition or maintains funds. Name of Bank, Depository, atc. Name of Bank, Depository, atc. P. O. Box 6418 (Name change - Formerly Manchester, NH 03108-6418 I certify that I have examined this Satement and to the bast of my interest of the first is true, correct and complete. Trudy Matthes Banks are one of incomplete information may studyed the person signing this Satement to the persolities of 20.5.0, \$497g. NOTE: Submission of fates, processes, or incomplete information may studyed the person signing this Satement to the pensities of 20.5.0, \$497g. Por butter information contact: For butter information	•				1		
7. Custodian of Records: Identity by name, address (phone municy)— operation Full Name 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designate agent (e.g., assistant treasurer). Full Name Mailing Address Title or Position Title or Position Pull Name Pull Name Mailing Address Mailing Address and ZIP Code P. O. Box 6418 (Name change - Formerly Manchester, NH 03108-6418 I certify that I have examined this Statement and to the bast of my knowledge and befler it is true, correct and complete. Trudy Matthes Banks Trudy Matthes Banksdale NOTE: Submission of fates, processes, or incomplete information may subject the person signing this Statement to the persollins of 2 U.S.C. \$4979. NOTE: Submission of fates, processes, or incomplete information may subject the person signing this Statement to the persollins of 2 U.S.C. \$4979. Por buther information contact: For buther information contact: Federal Elaption Commission For buther information commission For buther information commission For buther information commission Federal Elaption Com						<u></u>	
7. Custodian of Records: Identity by name, address (phone municy)— operating records. Full Name 8. Treasurer: List the name and address (phone number - aptional) of the treasurer of the committee; and the rease and address of any designate agent (e.g., assistant treasurer). Full Name Mailing Address Title or Position Title or Position P. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, remis safety depositions for maintains funds. P. O. Box 6418 (Name of Bank, Depository, atc. P. O. Box 6418 (Name change — Formerly Manchester, NH 03108-6418 I certify that I have examined this Satement and to the bast of my knowledge and befier it is true, correct and complete. Trudy Matthes Banks arrowsome, or incomplete information may subject the person signing this Satement to the persollies of 20.8.0, \$4979. NOTE: Submission of fates, arrowsome, or incomplete information may subject the person signing this Satement to the persollies of 20.8.0, \$4979. Por butter information contact: For butter information contact: For butter information contact: Federal Elaption Commission Trudes PORTACH # \$400000000000000000000000000000000000	Type of Connected Organization Corporation Corporation	wo Capital Stock Labor Organi	zetkon Member	ahip Organizati	on Trade A	speciation Coope	oka ar
R. Treasurer: List the name and address (phase number - optional) of the treasurer of the committee; and the name and address of any designature agent (e.g., escilatorit treasurer). Pull Name Mailing Address Title or Position Pull Name Pull Name Mailing Address Mailing Address Mailing Address Mailing Address and zip Code P. O. Box 6418 Citizens Bank (Name change - Formetly Manchester, NR 03108-6418 I certify that I have examined this Statement and to the best of my knowledge and befor it is true, correct and complete. Price on Phint NAME OF TREASURER Trudy Maithes Banks Manchester, NR 03108-6418 Manchester, NR 03108-6418 Pagent I have examined this Statement and to the best of my knowledge and befor it is true, correct and complete. Pagent I have examined this Statement and for the best of my knowledge and befor it is true, correct and complete. Pagent I have examined this Statement and for the best of my knowledge and before it is true, correct and complete. Pagent I have examined this Statement to the porelliles of 2 U.S.C. \$4379. NOTE: Submission of lates, pronopous, or incomplete information may subject the person signing this Statement to the porelliles of 2 U.S.C. \$4379. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further Information commission Fed form the lepton Commission Fed form the lepton Commission (revised 44/	7 Gustodian of Records: Identify	by name, address (phone number	— optional) and pt	representation of the be			
B. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designative agent (e.g., assistant treasurer). Pull Name Mailing Address Title or Position Pull Name Pull Name Mailing Address and Zip Code Name of Benk, Depository, atc. Name of Benk, Depository, atc. Name of Benk, Depository, atc. P. O. Box 6418 (Name change - Formerly Manchester, NH 03108-6418 (Name change - Formerly Manchester, NH 03108-6418 Icertify that I have examined this Statement and to the best of my knowledge and beflef if is true, correct and complete. Trudy Matthes Banks Trudy Matthes Banks arroneous, or incomplete information may subject the person signing this Statement to the persulles of 2 U.S.C. \$437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Federal Election Commission For further information contact: Federal Election Commission (revised 44)	records.	Mailing A	ddress		TH	g or Position	
Bunks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, remis safety depositors or maintains funds. P. O. Box, 6418 Citizens Bank (Name change – Formerly First NH Bank) Identify that I have examined this Statement and to the bast of my knowledge and better it is true, correct and complete. Trudy Matthes Barksdale NOTE: Submission of lates, proneous, 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. For buther information contact: Federal Election Commission Trudy Matthes Barksdale For buther information contact: Federal Election Commission True Live 900-424-9500 (revised 4/4)	1					· · · · · · · · · · · · · · · · · · ·	
Bunks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, remis safety depositors or maintains funds. P. O. Box, 6418 Citizens Bank (Name change – Formerly First NH Bank) Identify that I have examined this Statement and to the bast of my knowledge and better it is true, correct and complete. Trudy Matthes Barksdale NOTE: Submission of lasse, pronegue, 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. For buther Information contact: Federal Election Commission For Buther Information contact: Federal Election Commission (revised 44/	and in the name and ad	viresa (phære number aptional) o	the treasurer of the	re commilles: a	nd the name at	HE BOOMESS OF MAIN ARE	1101100
Name of Benk, Depository, etc. Citizens Bank (Name change - Formerly First NH Bank) Identify that I have examined this Statement and to the best of my knowledge and better it is true, correct and complete. Type On Print NAME OF TREASURER Trudy Matthes Barksdale NOTE: Submission of lates, erroneous, or incomplete information may subject the person signing this Statement to the personal of 2 U.S.C. \$437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information commission For further informati	magni (a.g., magistam free surer).	Mailing /	Lddresa		1111	e of Position	
Name of Benk, Depository, etc. Citizens Bank (Name change - Formerly First NH Bank) Identify that I have examined this Statement and to the best of my knowledge and better it is true, correct and complete. Type On Print NAME OF TREASURER Trudy Matthes Barksdale NOTE: Submission of lates, erroneous, or incomplete information may subject the person signing this Statement to the personal of 2 U.S.C. \$437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information commission For further informati				0. sb = 4	le holde soone	rds, remis selety depoy	elt bor
Name of Benk, Depository, etc. Citizens Bank (Name change - Formerly First NH Bank) Identify that I have examined this Statement and to the best of my knowledge and better it is true, correct and complete. Type On Print NAME OF TREASURER Trudy Matthes Barksdale NOTE: Submission of lates, erroneous, or incomplete information may subject the person signing this Statement to the personal of 2 U.S.C. \$437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information commission For further informati	9. Banks or Other Deparetiories: 1	ist all banks or other depositories in	which the commit	86 desbodiliz svist	6		
Citizens Bank (Name change - Formerly First NH Bank) Identify that I have examined this Statement and to the best of my knowledge and better it is true, correct and complete. Type on PRINT NAME OF TREASURER Trudy Matthes Barksdale NOTE: Submission of false, promeous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. \$4979. NOTE: Submission of false, promeous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. \$4979. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For butther information commission For butther information commission For butther information commission (revised 4/4)	I		Kellin	å vocasaa aug	Th Cano		
First NH Bank) I certify that I have examined this Statement and to the bast of my knowledge and better it is true, correct and complete. TYPE OR PRINT NAME OF TREASURER TRUCK MALTINE OF TREASURER TRUCK MALTINE OF TREASURER TRUCK MALTINE OF TREASURER ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For buttler information contact: Federal Election Commission Trailing 800-424-9530 (revised 4/	•	r	P. O.	Box 64	nn Usil	18-6418	
First NH Bank) I certify that I have examined this Statement and to the best of my knowledge and better it is true, correct and complete. Type on Print NAME OF TREASURER Trudy Matthes Barksdale NOTE: Submission of lates, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4379. NOTE: Submission of lates, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4379. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For butther information contact: Federal Election Commission Tradition BOD424-953D (revised 4/	(Name change = F	prmerly	Manch	lester, i	NR OFF	,	
Trudy Matthes Barksdate NOTE: Submission of false, proneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For burther information contact: Federal Election Commission Told for BOD-424-953D DATE 3/29/07 3/29/07 7/20/07 FEBAN053 FEC FORM (revised 4/	First NH Bank)		- e haddol 2 fe from	cornect and con	mpleht.		
Trudy Matthes Barksdate Trudy Matthes Barksdate NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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. For butther information contact: Federal Election Commission Tradition BOU-424-953D (revised 4/	Legilly that I have examined this Statement	and to the best of my knowledge to	TIE TREASURER	,		DATE	
NOTE: Submission of false, extensions, or incomplete information may subject the partial of DAYS. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: FEBAN053 FEC FORM Federal Election Commission Toll line 800-424-9530 (revised 4/	TYPE OR PRINT NAME OF TREASURER	N. T.	Unan	The South	u Salas		
For buther information contact: FEBAN053 FEC FORM Federal Election Commission Tel-tree 900424-9530 (revised 4/	Trudy Matthes Barks	BIGATE STATE OF STATE	pieci (he person si	oning this States	ment to the per	AUIBS of 2 U.S.C. §43	37g.
For further information contact: FEBAN053 FEC FORIVI Federal Election Commission Federal Election Commission Tel-Tree B00-424-9530 (revised 4/	NOTE: Submission of false, proneova ANY	CHANGE IN INFORMATION SHO	VILD BE REPORT	ED WI THIN 10 (DAYS.		
Federal Election Commission The Irea P00424-953D		Olavino and an an an an					
		Ear huther information	enntact:	FEBANO	53	FEC FO	

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

:	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				
	First Class Mail	POSTMARKED				
Ø	Registered/Certified Mail	POSTMARKED 3-31-0-3				
	No Postmark					
	Postmark Illegible					
	Received from the House office of Records and Registration	Date of Receipt				
	Received from the Senate Office of Public Records	Date of Receipt				
	Other (Specify):	Postmarked and/or Date of Receipt				
	Electronic Filing					
		•				
Les .		4-3-00				
PREPARER		DATE PREPARED				