

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

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COMMISSION MAIL ROOM

FEB 12 9 20 AM '99

1. (a) NAME OF COMMITTEE IN FULL GreenPoint Bank Federal Political Action Committee		2. FEC IDENTIFICATION NUMBER C00212613
(b) Number and Street Address 90 Park Avenue, 4th Floor		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER
(c) City, State and ZIP Code New York NY 10016		

I certify that one of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. STATUS BY QUALIFICATION:

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

Note: The Greenpoint Bank Federal PAC has never, to date, contributed more than \$1,000 per election to candidates for federal offices.

	Name	Office Sought	State/District	Date
(i)	Friends of John Lafalce	Reelection to House of Representatives	New York	7/9/98
(ii)	Rangel for Congress	Reelection to House of Representatives	New York	7/6/98
(iii)	Maloney for Congress	Reelection to House of Representatives	New York	3/16/98
(iv)	Lazio for Congress	Reelection to House of Representatives	New York	2/2/98
(v)	Pete King for Congress	Reelection to House of Representatives	New York	7/2/97

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 2/9/87

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 4th Calendar Qtr 1988.

(d) **Qualification:** The committee met the above requirements on: July 8, 1998

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 Mary Beth Farrell	SIGNATURE OF TREASURER <i>M. Farrell</i>	DATE <u>2/10/99</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-219-3420

FEC FORM 1M

(9/99)

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.

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