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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF  
COMMITTEE (or MI)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF SELENA FOR CONGRESS

ADDRESS (number and street)

97 BOSTON ROAD

(Check if address  
is changed)

NORTH SALEM

IN

1105601

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

SELENDY2004@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.SELENDY.COM/2004

COMMITTEE'S FAX NUMBER

914-1668-15298

2. DATE

03 28 2004

3. FEC IDENTIFICATION NUMBER

000378877

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

Alan Cole

Signature of Treasurer

Alan Cole

Date

03 28 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9520  
Local 202-694-1100

FEC FORM 1  
(Revised 03/2003)

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: CANDICE MARY HADCASTLE SELBY

Candidate Party Affiliation

DED

Office Sought

House

Senate

President

State

NY

District

19

- (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

Friends of Selandy for Congress

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 ALAN COLE

Mailing Address 157 JODD ROAD  
KATONAH IN 46536-1251

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number (914)-232-4347

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 ALAN COLE

Mailing Address (SAME AS ABOVE)

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent KIMBERLY R. DUNN

Mailing Address 172 EASTON ROAD  
KATONAH IN 46536-1251

Title or Position CITY STATE ZIP CODE

MANAGING SECRETARY Telephone number (914)-232-1345

g. 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.

J.P. MORGAN CHASE BANK

Mailing Address

CROSS RIVER PLAZA

CROSS RIVER NY 10518-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>aa</i> PREPARER	3/4/04 DATE PREPARED