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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines. 12PB4M5

FRIENDS OF FRANK BARBARO

ADDRESS (number and street) 11351 FOREST AVENUE PMB 178

(Check if address is changed) STATEN ISLAND NY 10302

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS BARBARO4CONGRESS.PYAH@G.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.BARBARO4CONGRESS.COM

COMMITTEE'S FAX NUMBER 718-447-1333

2. DATE 07 07 2004

3. FEC IDENTIFICATION NUMBER 000396986

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 CHARLOTTE HITCHCOCK

Signature of Treasurer Charlotte Hitchcock Date 07 19 2004

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8457g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

A. 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 FRANK, BARBARA

Candidate Party Affiliation DEM REP IND OTHER

Office Sought House Senate President

State NY District 13

- (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.

B. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name:

FRIENDS OF FRANK BARBARO

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 CHARLOTTE HITCHCOCK
 Mailing Address 250 WEST 57TH STREET, SUITE 1431
 NEW YORK NY 10107
 Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number 646-523-7444

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 CHARLOTTE HITCHCOCK
 Mailing Address 250 WEST 57TH STREET, SUITE 1431
 NEW YORK NY 10107
 Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number 646-523-7444

Full Name of Designated Agent NICK POPOLO
 Mailing Address 100 BIRCH ROAD
 STATEN ISLAND NY 10303
 Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
 Telephone number 718-1698-1214

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.

AMALGAMATED BANK OF NEW YORK

Mailing Address

115 UNION SQUARE

NEW YORK NY 10003

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<i>EC</i>	<i>7/26/04</i>
PREPARER	DATE PREPARED

(5/2004)