

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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OPERATIONS CENTER

2003 FEB 27 P 1:50

1. (a) NAME OF COMMITTEE IN FULL PUBLISHERS CLEARING HOUSE POLITICAL ACTION COMMITTEE	<input type="checkbox"/> (Check if name is changed)	2. DATE 2/26/2003
(b) Number and Street Address 393 CHANNEL DRIVE	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number 000343426
(c) City, State and ZIP Code PORT WASHINGTON NY 11050		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

8. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
NONE		

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization Membership 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 and records.

Full Name RICK BISCH (516) 893-5430	Mailing Address 393 CHANNEL DRIVE PORT WASHINGTON, NY 11050	Title or Position TREASURER
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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 RICK BISCH (516) 893-5430	Mailing Address SAME AS ABOVE	Title or Position TREASURER
Full Name STEVEN PAUL (516) 893-5430	Mailing Address SAME AS ABOVE	Title or Position ASSISTANT TREASURER

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. CITIBANK	Mailing Address and ZIP Code 830 PORT WASHINGTON BLVD PORT WASHINGTON, NY 11050
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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 NEIL FRIEDMAN	SIGNATURE OF TREASURER <i>Neil Friedman</i>	DATE 2/26/2003
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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. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact
Federal Election Commission
Toll-Free 800-424-9520
Local 202-594-1100

FEBAN114PZF

FEC FORM 1
(revised 4/87)

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.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <i>2-27-03</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
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<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>Be</i>		<i>2-27-03</i>
PREPARER		DATE PREPARED

(6/2002)