STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM
2000 OCT 23 P 2:01

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
FRIENDS of BOB ELLIOTT, Inc

2. DATE
10/19/2000

(b) Number and Street Address ☐ (Check if address is changed)
5 Valley Trail

3. FEC Identification Number
C00357296

(c) City, State and ZIP Code
Croton-on-Hudson NY 10520

4. Is This Report An Amendment?
☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

FILING IS FOR ADDRESS CHANGE ONLY
CANDIDATE WITHDREW from Race in June 2000

☒ (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
ROBERT W. ELLIOTT	DEMOCRAT	US HOUSE	NY19

☐ (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.

6. 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: ANN HARBESON | Mailing Address: 5 Valley Tr, Croton on Hudson NY 10520 | Title or Position: TREAS.

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: Same as above | Mailing Address: 914-271-9706 | Title or Position: TREAS

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.: FIRST UNION NAT'L BANK | Mailing Address and ZIP Code: 50 Maple Ave, Croton-on-Hudson NY 10520

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: ANN E HARBESON

SIGNATURE OF TREASURER: Ann E Harbeson

DATE: 10/19/2000

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 800-424-9530
Local 202-694-1100

FE9AN114PDF

FEC FORM 1
(revised 4/97)

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.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 10·20·00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

T.G. — PREPARER

10·23·00 — DATE PREPARED

(6/2000)