

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
JANINE MARY HARDOCASTLE SELENDY

(b) Address (number and street) Check if address changed
97 BOSTOWN ROAD

(c) City, State, and ZIP Code
NORTH SALEM, New York

2. Identification Number
C 00375877

3. Is This Statement (N) OR (A) Assessed

3. Party Affiliation
Democratic

5. Office Sought
HOUSE OF REPRESENTATIVES

6. State & District of Candidate
NEW YORK 19th

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
FRIENDS OF SELENDY FOR CONGRESS

(b) Address (number and street)
97 BOSTOWN ROAD

(c) City, State, and ZIP Code
NORTH SALEM, NEW YORK 10560

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)


9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. §101.9) by

\$n for the primary election, and

\$g for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have submitted this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate  Date **19 February 2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 20 U.S.C. §437g.

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Federal Election Commission
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