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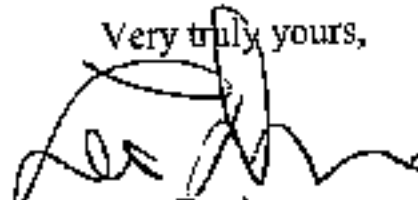
RECEIVED  
FEC MAIL ROOM  
2000 JUN -5 P 2:55

June 2, 2000

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

Enclosed please find Forms FEC 1 and FEC 2 in connection with the candidacy of Regina Seltzer in New York's 1<sup>st</sup> Congressional District. Please notify me of the identification number assigned.

Very truly yours,



Leo Davis

LPD:sd  
Enclosures

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>REGGIE SELTZER FOR CONGRESS</b>	2. DATE <b>5/30/2000</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>P.O. BOX 546</b>	3. FEC Identification Number 
(c) City, State and ZIP Code <b>Bellport, New York 11713</b>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" 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 sub(St)ate) (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

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.

<small>Full Name</small> <b>LEO DAVIS</b>	<small>Mailing Address</small> <b>PO Box 425, East Moriches, NY 11940</b>	<small>Title or Position</small> <b>Treasurer</b>
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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).

<small>Full Name</small> <b>LEO DAVIS</b>	<small>Mailing Address</small> <b>PO Box 425, East Moriches, NY 11940</b>	<small>Title or Position</small> <b>Treasurer</b>
<small>Full Name</small> <b>PAMELA L. STEEN</b>	<small>Mailing Address</small> <b>50 Medford Ave., Patchogue, NY 11772</b>	<small>Title or Position</small> <b>Assistant Treasurer</b>

**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.

<small>Name of Bank, Depository, etc.</small> <b>North Fork Bank</b>	<small>Mailing Address and ZIP Code</small> <b>481 Montauk Hwy., East Moriches, New York 11940</b>
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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  <b>LEO DAVIS</b>	SIGNATURE OF TREASURER 	DATE <b>6-2-00</b>
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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 800-424-9530  
 Local 202-694-1100

FEBAN114PDF

**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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 6/2/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
J.A.O. PREPARER	6/5/00 DATE PREPARED