

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM

2002 JUN -6 A 10:34

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF ALAN BINDER

ADDRESS (number and street)

P.O. BOX 20665



(Check if address
is changed)

HUNTINGTON STATION NY 11746

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

05 24 2002

3. FEC IDENTIFICATION NUMBER ▶

C

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

JOHN J. MASSERWICK

Signature of Treasurer

John J. Masserwick

Date

05 24 2002

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.

Office
Use
Only

For further information contact:
Federal Election Commission
 toll free 800-424-9530
 local 202-694-1100

FEC FORM 1
(Revised 1/01)

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

ALLAN BINDER

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

NY

District

2

(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.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

FRIENDS OF ALLAN BINDER

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

JOHN J. MASSERWICK

Mailing Address

59 BURR ROADEAST NORTHPORTNY11731

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

631-499-8622

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 TreasurerJOHN J. MASSERWICK

Mailing Address

59 BURR ROADEAST NORTHPORTNY11731

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

631-499-8622Full Name of
Designated
Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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.

Mailing Address

JPMORGAN CHASE BANK

39 VANDERBILT PARKWAY

COMMACK

NY

11725

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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 PREPARER	6-6-02 DATE PREPARED

(6/20(X))