# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 MAR -1 PM 4:00

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
FRIENDS OF JOHN LAFALCE

(b) Number and Street Address ☒ (Check if address is changed)
525 Fairmont Ave.

(c) City, State and ZIP Code
N. Tonawanda, NY 14120

2. DATE

3. FEC IDENTIFICATION NUMBER
050890

4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

XX (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 |
|---|---|---|---|
| John J. LaFalce | Democratic | House of Rep. | N.Y. 29th |

☐ (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.

| 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.

| Full Name | Mailing Address | Title or Position |
|---|---|---|
| Theresa Fezer Opalinski | 625 Fairmont Ave., N.Tonawanda, NY 14120 | Treasurer |

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 | Mailing Address | Title or Position |
|---|---|---|
| Theresa Fezer Opalinski<br>(716) 695-2243 | 625 Fairmont Ave.<br>N. Tonawanda, NY 14120 | 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. | Mailing Address and ZIP Code |
|---|---|
| HSBC Bank | One HSBC Center, Buffalo, NY 14203 |
| Merrill Lynch Ready Asset Trust | 50 Fountain Plaza, Suite 100 Bflo, NY |
| Prudential Securities | 300 Pearl St., Suite 350 Bflo, NY |

*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 | SIGNATURE OF TREASURER | DATE |
|---|---|---|
| Theresa M. Opalinski | Theresa M. Opalinski | 3-1-00 |

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 202-376-3120

**FEC FORM 1**
(revised 4/87)