STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED FEDERAL ELECTION COMMISSION
FEB - 8 11 25 AM '99

1. (a) NAME OF COMMITTEE IN FULL [X] (Check if name is changed) FRIENDS OF JOHN LAFALCE	2. DATE 2-1-99
(b) Number and Street Address [ ] (Check if address is changed) 164 Fruitwood Terrace	3. FEC Identification Number 050890
(c) City, State and ZIP Code Williamsville, New York 14221	4. Is This Report An Amendment? [X] YES [ ] NO

5. TYPE OF COMMITTEE (Check one)

[X] (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, M.C.	Democratic	House of Rep.	NY - 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.

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.

Full Name	Mailing Address	Title or Position
David J. Chambers	164 Fruitwood Terr. Williamsville, NY 14221	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
David J. Chambers (716) 626-4893	164 Fruitwood Terr. Williamsville, NY 14221	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
Marine Midland Bank	One Marine Midland Center, Buffalo, NY 14203
Merrill Lynch Ready Asset Trust	50 Fountain Plaza, Ste. 100, Bflo., NY 14202
Prudential Securities	300 Pearl St., Ste. 350, Bflo NY 14202

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
David J. Chambers		2-1-99

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 202-219-3420

FES AN045

FEC FORM 1
(revised 4/87)