STATEMENT OF ORGANIZATION

COPY

(See reverse side for instructions)

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)

625 Fairmont Ave.

(c) City, State and ZIP Code

N. Tonawanda, NY 14120

2. DATE

FEDERAL ELECTION COMMISSION

3. FEC IDENTIFICATION NUMBER

050890

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

2000 APR 1 4 PM 2:17

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 _____ (name of candidate) and is NOT an authorized committee.

☐ (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Better Government 2000	1401 H Street, N.W., #1200 Washington, DC 20005	Affiliated for Joint Fundraising Purposes pursuant to 11 CFR 102.17

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 (716) 695-2243	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 (716) 695-2243	625 Fairmont Ave. 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
PLEASE SEE ATTACHED SHEET	

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	4-12-00

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)