

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
FEB 26 11 20 AM '98

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Walker for Congress	2. DATE February 24, 1998
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) PO Box 73 Clintonville 44-55	3. FEC Identification Number
(c) City, State and ZIP Code Clintonville, NY 12515	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
Wm. Bud Walker | Candidate Party Affiliation
Republican | Office Sought
US Representative | State/District
NY/26 |
|--|--|---|--|
- (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 with 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 David Sgross	Mailing Address Clintonville, NY 12515 P.O. Box 73 (1153 Route 44-55)	Title or Position Campaign Manager
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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).

Full Name Frank Tangredi, Jr.	Mailing Address Clintonville, NY 12515 PO Box 73 (1153 Route 44-55)	Title or Position Treasurer
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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. MKT Bank	Mailing Address and ZIP Code 191 Main Street New Paltz, NY 12564
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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 FRANK TANGREDI, JR.	SIGNATURE OF TREASURER Frank Tangredi Jr.	DATE FEB 25/98
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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 202-219-3420

FESAN053

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>2-26-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<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 <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEM</i> PREPARER	<i>2-26-98</i> DATE PREPARED