

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

(a) NAME OF COMMITTEE IN FULL See attached schedule	<input type="checkbox"/> (Check if name is unchanged) FEDERAL ELECTION COMMISSION	2. DATE 10/8/98
(b) Number and Street Address 388 Greenwich Street	<input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER C-00331736
(c) City, State and ZIP Code New York, NY 10013	OCT 13 12 45 PM '98	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input 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 | Candidate Party Affiliation | Office Sought | State/Circuit |
|-------------------|-----------------------------|---------------|---------------|
- (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
SEE ATTACHED SCHEDULE		

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
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SEE ATTACHED SCHEDULE

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
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SEE ATTACHED SCHEDULE

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
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SEE ATTACHED SCHEDULE

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 Howard Darns Trotter (asst. treasurer)	SIGNATURE OF TREASURER 	DATE 10/9/98
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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. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

**Schedule  
to Statement of Organization**

**1(a) Name of Committee in Full:**

Salomon Smith Barney Holdings Inc. Better Government Committee

**Abbreviated Names of Committee:**

Salomon Smith Barney Holdings Better Government Committee  
SSBBGC

6.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Salomon Smith Barney Holdings Inc.	388 Greenwich Street New York, NY 10013	connected organization
Salomon Smith Barney Inc. Better Government Committee	388 Greenwich Street New York, NY 10013	affiliated committee
Citigroup Inc. Political Action Committee	153 East 53rd Street New York, NY 10043	affiliated committee
Citicorp. Voluntary Political Fund - Federal	1101 Pennsylvania Avenue, N.W. Suite 1000 Washington, DC 20004	affiliated committee
Citicorp. Voluntary Political Fund - State/Local	1101 Pennsylvania Avenue, N.W. Suite 1000 Washington, DC 20004	affiliated committee

7. **Custodian of Records:** Identify by name, address and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Public Affairs Support Services, Inc.	1020 North Fairfax Street Fourth floor Alexandria, VA 22314	Custodian of Records

**8. Treasurer:** List the name and address of the treasurer of the committee; and the name and address of any designated agent.

Full Name and Mailing Address	Title or Position
Timothy R. Campbell 388 Greenwich Street New York, NY 10013	Chairman and Treasurer
Howard Darmstadter 388 Greenwich Street New York, NY 10013	Assistant Treasurer
Harold O. Levy 388 Greenwich Street New York, NY 10013	Assistant 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
The Chase Manhattan Bank	One Chase Manhattan Plaza New York, NY 10081

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>10-13-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<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 and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	<i>10-13-98</i> DATE PREPARED