

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE BY FULL (Check if name is changed)
New York Salute 2000

(b) Number and Street Address (Check if address is changed)
315 State St.
 Albany, NY 12210

2. DATE
5-9-2000

FEDERAL ELECTION COMMISSION IDENTIFICATION NUMBER
15-8001

3. THIS STATEMENT AN AMENDMENT?
 YES NO

4. 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/District

(c) This committee supports/opposes 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
Friends of Giuliani Exploratory Committee	57 Mudden Ln. New York, NY 10019	Joint Fundraising Participant
New York Republican Federal Campaign Committee	315 State Street Albany, NY 12210	Joint Fundraising Participant

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
Treasurer		

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any deputy agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Christopher F. Grimaldi	31 Trumpeter Pl. Slingerlands, NY 12159	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
Trustco Bank	320 State St. Schoenectady, NY 12305

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 Christopher F. Grimaldi	SIGNATURE OF TREASURER <i>Christopher F. Grimaldi</i>	DATE 5/9/00
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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.

