

RECEIVED
FEDERAL ELECTIONS
COMMISSION MAIL ROOM

JUL 19 8 50 AM '98

July 2, 1998

Federal Elections Commission
999 East Street N.W.
Washington, DC 20463
Attn: Robert M. Yapp

Re: C00334714

Dear Mr. Yapp:

Enclosed please find the amended FEC form changing the name of Committee for Mary Rauh from the Friends of Mary Rauh to Mary Rauh For U.S. Congress.

Please call me if you have any questions.

Very truly yours,


Daniel J. Callaghan

DJC/kaa
Enclosure

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STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) <p style="font-size: 1.2em; text-align: center;">Mary Rauh For US Congress</p>	2. DATE <p style="font-size: 1.2em; text-align: center;">6-29-98</p>
(c) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="font-size: 1.2em;">P.O. Box 765</p>	3. FEC Identification Number <p style="font-size: 1.2em;">C0034714</p>
(e) City, State and ZIP Code <p style="font-size: 1.2em;">Nashua NH 03061</p>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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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/District

(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
Marylou Blaisdell	P.O. Box 765 NASHUA NH	Asst. 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
Daniel Callaghan	P.O. Box 765 NASHUA NH	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
Centerpoint Bank	402 Amherst Street NASHUA NH 03063

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 <p style="font-size: 1.2em;">DANIEL J. CALLAGHAN</p>	SIGNATURE OF TREASURER 	DATE <p style="font-size: 1.2em;">7-2-98</p>
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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.

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-15-98
<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>SAW</i> PREPARER	7-19-98 DATE PREPARED