

GRAHAM, CURTIN & SHERIDAN RECEIVED
FEDERAL ELECTION

A PROFESSIONAL ASSOCIATION COMMISSION MAIL ROOM

50 WEST STATE STREET

SUITE 1008

TRENTON, NEW JERSEY 08608

609-695-0098

FAX 609-695-0697

1155 CONNORVILLE AVENUE, N.W.

SUITE 300

WASHINGTON, D.C. 20036

202-467-8563

FAX 202-393-8286

MAY 19 9 39 AM '98

4 HEADQUARTERS PLAZA

P.O. Box 1991

MORRISTOWN, NEW JERSEY 07962-1991

973-292-1700

FAX 973-898-0107

May 18, 1998

VIA FEDERAL EXPRESS

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Sir/Madam:

Please find enclosed an original and one copy of a Statement of Organization amending the address and treasurer of Citizens for Reform & Fiscal Responsibility, Inc. Kindly return a filed copy in the self-addressed, stamped envelope provided.

Thank you for your attention to this matter.

Very truly yours,



PETER G. SHERIDAN

PGS:hgt
enclosure

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 19 9 39 AM '98

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Citizens for Reform & Fiscal Responsibility, Inc.	2. DATE 5/18/98
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 50 W. State St., Suite 100B	3. FEC Identification Number C00316505
(c) City, State and ZIP Code Trenton, NJ 08608	4. Is This Report 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/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
None		

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
Peter G. Sheridan	50 W. State St., Suite 100B, Trenton, NJ 08608	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
Peter G. Sheridan	50 W. State St., Suite 100B Trenton, NJ 08608	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
United Jersey Bank Acct. No. 159007542	65 Madison Avenue Morristown, NJ 07960

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 Peter G. Sheridan, Esq.	SIGNATURE OF TREASURER 	DATE 5/18/98
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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. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-218-3420

FESAN045

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 5/19/98
<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	
E.S. PREPARER	5/19/98 DATE PREPARED