

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 8 1 57 PM '98

September 3, 1998

Federal Election Committee
Attn: Antoinette Kitchen
Reports Analysis Division
999 E. Street NW
Washington, D.C. 20463

Dear Ms. Kitchen:

Per your request, we have attached an amended FEC Form 1. Please accept this form that now states, in Section 6, that we do not have any connected organizations or affiliated committees.

If you require anything else, kindly contact me at 518-452-3001.

Sincerely,

Margaret A. Jacobsen

Margaret A. Jacobsen

Attachment

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FILE COPY

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1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) St. Lawrence Cement LLC Political Action Committee LLC PAC	2. DATE 7/30/98
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 3 Columbia Circle	3. FEC Identification Number
(c) City, State and ZIP Code Albany, New York 12203	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 - | 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
Margaret Jacobson	3 Columbia Circle, Albany, New York 12203	Accountant

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
Joseph Meadows	3 Columbia Circle, Albany, New York 12203	Director

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
Key Bank	Western Avenue, Albany, New York

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 Joseph Meadows	SIGNATURE OF TREASURER 	DATE 7/30/98
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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.

