REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 1 5 24 AM '99

1. NAME OF COMMITTEE (In full)
Good Government for America

ADDRESS (number and street) ☐ Check if different than previously reported.
Post Office Box 11666

CITY, STATE and ZIP CODE
Atlanta, GA 30355

2. FEC IDENTIFICATION NUMBER
C00317479

3. ☐ This committee qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☒ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 01/01/99 through 06/30/99		
6.	(a) Cash on Hand January 1, 19 99		$14649.93
	(b) Cash on Hand at Beginning of Reporting Period	$14649.93	
	(c) Total Receipts (from Line 19)	$28125.00	$28125.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$42774.93	$42774.93
7.	Total Disbursements (from Line 30)	$21440.34	$21440.34
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$21334.59	$21334.59
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Paul Kilgore - Ass't Treasurer

Signature of Treasurer
Paul Kilgore

Date
7-29-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3X
(Revised 9/93)