

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

U.S. SENATE
OFFICE OF THE CLERK
00 AUG 15 AM 9:50

1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) Mattingly for Senate, Inc.	2. DATE 11 August 00
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 443 East Paces Ferry Road	3. FEC Identification Number
(c) City, State and ZIP Code Atlanta, GA 30305	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 |
| Hon. Mack F. Mattingly | Republican | U.S. Senator | Georgia |
- (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
Robert S. Highsmith Jr., Esq.	443 East Paces Ferry Rd. Atlanta, GA 30305	Sec'y/Gen. Counsel

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
David J. Shafer	P.O. Drawer 7, Duluth, GA 30096	Treasurer
Howard Eric Dial	P.O. Box 11641, Atlanta, GA 30355	Ass't 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
Bank of America, N.A.	600 Peachtree Street, Atlanta, GA 30308

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 David J. Shafer	SIGNATURE OF TREASURER 	DATE 8/10/2000
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9630
Local 202-694-1100

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FEC FORM 1
(revised 4/87)

GARY SISCO
SECRETARY

PAMELA B. GAYN
SUPERVISOR

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

INSIDE MAIL _____
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER _____
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION
COMMISSION _____
Date of Receipt

FIRST CLASS MAIL 8/12/00
Postmarked

REGISTERED/CERTIFIED MAIL _____
Postmarked

NO POSTMARK POSTMARK ILLEGIBLE

OTHER (Specify): _____
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
Postmark and/or Date of Receipt

RD 8/15/00
Preparer Date Prepared