

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="font-size: 1.2em; margin-left: 20px;">Charles Gandy for Senate Committee</p>	2. DATE <p style="margin-left: 20px;">Jan 13, 2000</p>	RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 00 JAN 21 AM 9:02
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="margin-left: 20px;">1603 Taylor-Gaines Street</p>	3. FEC Identification Number	
(c) City, State and ZIP Code <p style="margin-left: 20px;">Austin, TX 78741</p>	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
<p style="font-size: 1.1em; margin-left: 5px;">Charles Gandy</p> | Candidate Party Affiliation
<p style="margin-left: 5px;">Democrat</p> | Office Sought
<p style="margin-left: 5px;">U.S. Senate</p> | State/District
<p style="margin-left: 5px;">TX</p> |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
- (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
Sudeep Kumar Bhatia	1603 Taylor-Gaines Street, Austin TX 78741	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
Sudeep K Bhatia	1603 Taylor-Gaines Street, Austin TX 78741	asst. treasurer
PAUL BRYCE MARTIN, JR	609 W. TENTH ST #740 AUSTIN TX 78701	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
Norwest Bank	111 Congress Avenue Austin TX 78701

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: 1.1em; margin-left: 5px;">PAUL B. MARTIN, JR</p>	SIGNATURE OF TREASURER 	DATE <p style="font-size: 1.1em; margin-left: 5px;">1/14/00</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.

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