

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 28 P 1:56

1. NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <h2 style="text-align: center;">HANK SCHWAB for CONGRESS</h2>	2. DATE <h2 style="text-align: center;">APRIL 25, 2000</h2>
(a) Number and Street Address <input type="checkbox"/> (Check if address is changed) 37 NW 28 TH STREET	3. FEC Identification NUMBER APPLIED FOR
(c) City, State and ZIP Code ATLANTA, GA 30309	4. Is This Report An Amendment? <input 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
WALTER HENRY SCHWAB | Candidate Party Affiliation
REPUBLICAN | Office Sought
CONGRESSMAN | State/District
GA - 5TH |
|---|--|-------------------------------------|--|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
- (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 TRUDY KITCHIN	Mailing Address 37 NW 28TH STREET ATLANTA GA	Title or Position SECRETARY
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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 WALKER H. MILLER	Mailing Address 16090 HENDERSON ROAD / ALPHARETTA, GA 30004	Title or Position TREASURER
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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. SUNTRUST BANK	Mailing Address and ZIP Code 1503 PEACHTREE ST NE ATLANTA GA 30303
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		DATE
TYPE OR PRINT NAME OF TREASURER WALKER H. MILLER	SIGNATURE OF TREASURER <i>Walker H. Miller</i>	APRIL 25, 2000

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 800-424-9539
Local 202-694-1100

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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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4/26/00
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<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	
<i>JMP</i> PREPARER	4/28/00 DATE PREPARED