

Spear, Leeds & Kellogg

120 Broadway, New York, NY 10271 212/433-7000

RECEIVED
FEDERAL ELECTION COMMISSION
MAY 4 11 35 AM '99

April 30, 1999

via Certified Mail - Receipt Requested

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Spear, Leeds & Kellogg
Good Government Fund Committee
FEC ID# C00074328
Statement of Organization

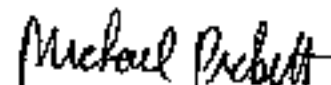
Gentlemen:

Enclosed please find a *Statement of Organization*, filed on behalf of the above named committee.

Please acknowledge receipt of the enclosed material by stamping the copy of this letter and returning it to us in the enclosed postage-paid envelope.

If you have any questions, please call me at (212) 433-7722.

Very truly yours,



Michael Pickett
Vice President

/sm

Encl.

\$T-Letters\SLK\GGF Stmt_of_Org.doc

CERTIFIED # P 972 167 225

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)		FEDERAL ELECTION COMMISSION MAIL ROOM	2. DATE
SPEAR, LEEDS & KELLOGG GOOD GOVERNMENT FUND COMMITTEE			3/8/99
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)		3. FEC IDENTIFICATION NUMBER	
c/o SPEAR, LEEDS & KELLOGG, 120 BROADWAY		C00074328	
(c) City, State and ZIP Code		4. IS THIS STATEMENT AN AMENDMENT?	
NEW YORK, NY 10271		<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.

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
JOHN J. GRIFFIN	SPEAR, LEEDS & KELLOGG 120 BROADWAY, NEW YORK, NY 10271	LIMITED PARTNER-

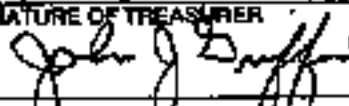
8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
JOHN J. GRIFFIN	SPEAR, LEEDS & KELLOGG 120 BROADWAY, NEW YORK, NY 10271	LIMITED PARTNER

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, maintains safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
BANK OF NEW YORK	46 WALL STREET, NEW YORK, NY 10286
SPEAR, LEEDS & KELLOGG	120 BROADWAY, NEW YORK, NY 10271

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	SIGNATURE OF TREASURER	DATE
JOHN J. GRIFFIN		4/30/99

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.

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>4-30-99</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<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>SLG</i>	<i>5-4-99</i>
PREPARER	DATE PREPARED