

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
OFFICE

1. (a) NAME OF COMMITTEE IN FULL Zimmer 2000, Inc.	<input type="checkbox"/> (Check if name is changed)	2. DATE March 10, 1999
(b) Number and Street Address P.O. Box 6888	<input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER MAR 23 12 06 PM '99
(c) City, State and ZIP Code Lawrenceville, NJ 08648		4. IS THIS STATEMENT 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 Dick Zimmer	Candidate Party Affiliation Republican	Office Sought House of Representatives	State/District NJ/12
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- (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
Theresa Daniels	P.O. Box 6888 Lawrenceville, NJ 08648	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
Maria Chappa	P.O. Box 6888 Lawrenceville, NJ 08648	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
First Union Bank	Nassau Street Princeton, NJ 08540

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 Maria Chappa	SIGNATURE OF TREASURER <i>Maria Chappa</i>	DATE March 10, 1999
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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 800-424-9530 Local 202-376-3120
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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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 3-16-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt 3-23-99
<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>llh</i> PREPARER	 3-23-99 DATE PREPARED