

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL ROOM

2000 AUG 17 P

1. (a) NAME OF COMMITTEE (Full) (Check if new to database) & CITY

Lioberman for Vice President

(b) Name and Street Address (Check if address is changed)

**601 Mainstream Dr.
Nashville, TN 37228**

(c) FEC identification number

(d) Is this report an Amendment? YES NO

2. 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	Political Party/Affiliation	Office Sought	State/County
Joe Lioberman	Democrat	Vice President	N/A

(c) This committee supports/opposes only one candidate.

(d) This committee is a _____ (national, state or authorized) committee of the _____ Party.

(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.

3. Name of Any Connected Organization or Affiliated Committee

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
None		

Type of Connected Organization
 Corporation Organization not Capital Stock Labor Organization Membership Organization Trade Association Cooperative

4. Treasurer (List the name and address (phone number - optional) and position of the person in possession of committee bank and records.)

Full Name: Gary Grube Mailing Address: **601 Mainstream Dr. Nashville, TN 37228** Title or Position: **Treasurer**

5. Treasurer (List the name and address (phone number - optional) of the treasurer of the committee and the name and address of any segregated fund.)

Full Name: Tom Nides Mailing Address: **601 Mainstream Dr. Nashville, TN 37228** Title or Position: **Treasurer**

6. Bank or Other depository: List all banks or other depositories to which the committee deposits funds, holds accounts, funds money (debit/credit) or maintains funds.

Name of Bank, Depository, etc.: Bank of America, N.A. Mailing Address and ZIP Code: **730 18th St. NW, 2nd Floor Washington, DC 20005**

I certify that I have prepared this statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER: **Tom Nides** SIGNATURE OF TREASURER: *[Signature]* DATE: _____

NOTE: Submission of false, incomplete, or fraudulent information may subject the person filing this statement to the penalties of 2 U.S.C. 6407b. ANY CHANGE IN INFORMATION MUST BE REPORTED WITHIN 10 DAYS.

