

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
WASHINGTON, D.C.

JUN 4 9 38 AM '99

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) PAUL PERRY FOR CONGRESS	2. DATE 6-2-99
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1101 PROFESSIONAL BLVD.	3. FEC ID NUMBER
(c) City, State and ZIP Code EVANSVILLE, IN 47714	4. Is this a... <input type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the census information below.)
 - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office | State/District |
|-------------------|-----------------------------|--------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate. (Name of candidate) _____ NOT an authorized committee.
 - (d) This committee is a _____ committee. (National, State or subordinate) _____ Party. (Republican, etc.)
 - (e) This committee is a separate segregated fund.
 - (f) This committee supports/opposes more than one Federal candidate and is a separate fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Principal Officer and Title	Relationship

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and title of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
RON FOHL	2215 SARATOGA DR. EVANSVILLE, IN 47715	C.P.A.

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

Full Name	Mailing Address	Title or Position
JAY ZIEMER	519 MAIN ST. WALKWAY, EVANSVILLE, IN 47715	TREASURER
PAT WEMPE	300 WILSON SQUARE, EVANSVILLE, IN 47715	ASST. TREASURER

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

Name of Bank, Depository, etc.	Name of Officer or Title
OLD NATIONAL BANK	2230 HIGHWAY 41 N., EVANSVILLE, IN 47715

I certify that I have examined this Statement and to the best of my knowledge and belief it is true and correct.

TYPE OR PRINT NAME OF TREASURER JAY ZIEMER	SIGNATURE OF TREASURER 	DATE 6-2-99
------------------------------------------------------	----------------------------	-----------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED IMMEDIATELY.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEC FORM 1

FEC FORM 1
(revised 4/87)

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of the filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	<input type="checkbox"/> of Receipt <input checked="" type="checkbox"/> 1-99
<input type="checkbox"/> First Class Mail	<input checked="" type="checkbox"/> MARKED
<input type="checkbox"/> Registered/Certified Mail	<input checked="" type="checkbox"/> MARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	<input type="checkbox"/> of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	<input type="checkbox"/> of Receipt
<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Marked <input type="checkbox"/> Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SLP</i> PREPARER	1-99 <input checked="" type="checkbox"/> PREPARED