

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)		2. DATE
Coverdell Good Government Committee		May 11, 2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)		3. FEC Identification Number
3091 Maple Drive Suite 200		C00279398
(c) City, State and ZIP Code		4. Is This Report An Amendment?
Atlanta, GA 30305		<input type="checkbox"/> YES <input type="checkbox"/> NO

SECRETARY OF THE SENATE
 00 MAY 22 AM 8:22
 H.D.

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
<i>Paul Coverdell</i> | Candidate Party Affiliation
<i>Republican</i> | Office Sought
<i>US Senate</i> | State/District
<i>GA</i> |
|--|--|-----------------------------------|-----------------------------|
- (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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation Corporation with 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
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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	Mailing Address	Title or Position
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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. <i>Riverside Bank</i>	Mailing Address and ZIP Code <i>1200 Johnson Ferry Road Marietta, GA 30068</i>
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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.

TYPE OR PRINT NAME OF TREASURER <i>Frank B. Strickland</i>	SIGNATURE OF TREASURER 	DATE <i>5/15/00</i>
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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 202-219-3420

FESAN046

FEC FORM 1
 (revised 4/97)

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

FAX (48-HOUR NOTICES) _____

Date of Receipt

INSIDE MAIL _____

Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER _____

Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION
COMMISSION _____

Date of Receipt

FIRST CLASS MAIL 5/17/00
Postmarked

REGISTERED/CERTIFIED MAIL _____

Postmarked

NO POSTMARK POSTMARK ILLEGIBLE

OTHER (Specify): _____

AIRBORNE EXPRESS

EXPRESS MAIL

FEDERAL EXPRESS

UPS

Postmark and/or Date of Receipt

RD 5/22/00
Preparer Date Prepared