

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 FEB 10 P 1:55

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) BUSH - ANNE ARUNDEL COUNTY DELEGATE COMMITTEE	2. DATE 1-27-00
(a) Number and Street Address <input type="checkbox"/> (Check if address is changed) 209 Winchester Beach Dr	3. FEC Identification Number _____
(c) City, State and ZIP Code Annapolis, MD 21401	4. Is This Report 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 | Candidate Party Affiliation | Office Bought | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a Subordinate committee of the Republican 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
None	None	None

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 James Nichols Sample	Mailing Address 209 Winchester Beach Drive Annapolis MD 21401	Title or Position Treasurer
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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 James Nichols Sample	Mailing Address 209 Winchester Beach Drive Annapolis MD 21401	Title or Position Treasurer
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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. Bank of America MD 4-560-01-01	Mailing Address and ZIP Code 2120 West Street Annapolis, MD 21401
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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 James N. Sample	SIGNATURE OF TREASURER 	DATE 1-27-00
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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. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-684-1100

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FEC FORM 1
(revised 4/87)

