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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (if full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12PR0155

CHANGE IN '04

ADDRESS (number and street)

P.O. Box 20746

(Check if address
is changed)

OAKLAND

CA

94629

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

greensforkerry@change.in04.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.change.in04.com

COMMITTEE'S FAX NUMBER

510-844-3181

2. DATE

06 14 2004

3. FEC IDENTIFICATION NUMBER

C00400408

4. IS THIS STATEMENT

NEW (N)

OR



AMENDED (A)

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

SOPHIE MINTIER

Signature of Treasurer

Sophie Mintier

Date

06 14 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9580
Local 202-694-1109

FEC FORM 1
(Revised 02/2003)

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 Sought House Senate President State District

- (c) This committee ~~supports~~ opposes only one candidate, and is NOT an authorized committee.

Name of Candidate JOHN KERRY _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) 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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

- Type of Connected Organization:
- Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

Write or Type Committee Name

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 SOPHIE MINTLER

Mailing Address P.O. BOX 20746

OAKLAND CA 94620

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 510-444-3041 X313

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 of Treasurer SOPHIE MINTLER

Mailing Address P.O. BOX 20746

OAKLAND CA 94620

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 510-444-3041 X313

Full Name of Designated Agent SUSAN STEPHENSON

Mailing Address 1904 FRANKLIN ST.

SUITE 609

OAKLAND CA 94612

Title or Position CITY STATE ZIP CODE

ASST. TREASURER

Telephone number 510-444-4710

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.

WELLS FARGO - OAKLAND MAIN

Mailing Address

12040 FRANKLIN ST

OAKLAND

CA

94612

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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