

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) VIRGINIA GREEN VICTORY 2000 | 2. DATE 6/23/00 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) PO BOX 161 | 3. FEC Identification Number |
| (c) City, State and ZIP Code BATESVILLE, VA 22924 | 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 Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate RALPH NADER 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 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.

| | | |
|--|--|--|
| <small>Full Name</small> DAVID WILKINSON | <small>Mailing Address</small> 1933 CALVERT ST, NW | <small>Title or Position</small> TREASURER |
| <small>WASHINGTON, DC 20009</small> | | |

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).

| | | |
|--|--|--|
| <small>Full Name</small> DAVID WILKINSON | <small>Mailing Address</small> 1933 CALVERT ST, NW | <small>Title or Position</small> TREASURER |
| <small>WASHINGTON, DC 20009</small> | | |

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.

| | |
|--|---|
| <small>Name of Bank, Depository, etc.</small> SHENANDOAH NATIONAL BANK | <small>Mailing Address and ZIP Code</small> 2701 MAIN ST WAYNESBORO, VA 22980 |
|--|---|

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 DAVID WILKINSON | SIGNATURE OF TREASURER | DATE 6/23/00 |
|---|----------------------------|------------------------|

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 800-424-9590
Local 202-219-8420

FEBAN044

FEC FORM 1
(revised 4/87)

