

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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2000 AUG -7 P 3:49

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>Green Party of San Mateo County - Federal Committee</b>	2. DATE <b>Aug. 1, 2000</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>PO Box 6886</b>	3. FEC Identification Number
(c) City, State and ZIP Code <b>San Carlos, CA 94070-6886</b>	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 \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a County committee of the Green 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
<b>Green Party of California</b>	<b>1008 10th St. #482 Sacramento, CA 95814</b>	<b>Affiliated</b>

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.

<b>Full Name</b>	<b>Mailing Address</b>	<b>Title or Position</b>
<b>Michael Dean Hitchcock</b>	<b>1508 Redwood Ave</b>	<b>Treasurer</b>
	<b>Redwood City, CA</b>	

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).

<b>Full Name</b>	<b>Mailing Address</b>	<b>Title or Position</b>
<b>Michael Dean Hitchcock</b>	<b>1508 Redwood Ave</b>	<b>Treasurer</b>
	<b>Redwood City, CA 94061</b>	

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.

<b>Name of Bank, Depository, etc.</b>	<b>Mailing Address and ZIP Code</b>
<b>San Mateo Credit Union</b>	<b>PO Box 910 Redwood City, CA</b>
	<b>94064-0910</b>

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 <b>Michael Dean Hitchcock</b>	SIGNATURE OF TREASURER 	DATE <b>8/1/2000</b>
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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.

