

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
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COMMISSION MAIL ROOM
2000 FEB 14 A 11:02

1. (a) NAME OF COMMITTEE IN FULL SECOND CONGRESSIONAL DISTRICT DELEGATES FOR GEORGE W. BUSH	☐ (Check if name is changed)	2. DATE 2/10/2000
(b) Number and Street Address 1301 YORK ROAD SUITE 800	☐ (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code LUTHERVILLE, MD. 21093		4. Is This Report An Amendment? ☐ YES ☐ 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 **GEORGE W. BUSH** 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
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	Mailing Address	Title or Position
TREASURER		

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
BENNY C. WALKER	c/o WYATK, CRAWIN + SPARR 1301 YORK ROAD SUITE 800 LUTHERVILLE, MD 21093	CPA

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.	Mailing Address and ZIP Code
THE COLUMBIA BANK	1301 YORK ROAD LUTHERVILLE, MD. 21093

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 BENNY C. WALKER	SIGNATURE OF TREASURER Benny C. Walker	DATE 2/10/00
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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. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

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FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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SK
PREPARER

2/14/00
DATE PREPARED