

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

**RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM**

1999 DEC 27 P 12:40

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Claude Hutchison for Congress Committee	2. DATE 12/20/99
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 3615 Powell Drive	3. FEC Identification Number
(c) City, State and ZIP Code Lafayette, CA 94549	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
Claude B. Hutchison, Jr. | Candidate Party Affiliation
Republican | Office Sought
House of Repres | State/District
CA/10th |
|--|--|---|----------------------------------|
- (c) This committee supports/opposes only one candidate _____ 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 <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation w/o Capital Stock <input type="checkbox"/> Labor Organization <input type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> 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 S. Thomas Cleveland	Mailing Address 3830 Palo Alto Drive Lafayette 94549	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 S. Thomas Cleveland	Mailing Address 3830 Palo Alto Drive Lafayette, CA 94549	Title or Position Treasurer
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. Mt. Diablo National Bank	Mailing Address and ZIP Code 158 Diablo Road Denville, CA 94526	

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 S. Thomas Cleveland	SIGNATURE OF TREASURER 	DATE 12/20/99
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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 202-219-3420

FE6AN053

FEC FORM 1
(revised 4/87)

