

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) Ohio State University Campus Green Party	2. DATE 11/21/2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 222 Oxley Hall 1712 Neil Ave	3. FEC Identification Number
(c) City, State and ZIP Code Columbus, OH 43202-3028	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 subordinate 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
n/a	n/a	n/a

Type of Connected Organization
 Corporation Corporation with 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
Jeffrey I. Mielke	215 E Patterson Ave, Columbus, OH 43202	President

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
Jeffrey I. Mielke	215 E Patterson Ave Columbus OH 43202	President

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
Fifth Third Bank, Central Ohio	P.O. Box 182026 Columbus, OH 43218

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 Jeffrey I. Mielke	SIGNATURE OF TREASURER <i>Jeffrey I. Mielke</i>	DATE 11/30/2000
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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.

