FEC FORM 1

STATEMENT OF **ORGANIZATION**

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						0	ffice Use Only	
NAME OF COMMITTEE (in full)	1 2 °	(Check if name is changed)		le:If typing, type e lines.	12F	E4M5	1	
Porter Gordon S	ilver	PAC	1 1 1	<u>i </u>				
[<u> </u>		<u> </u>	<u> </u>	1 1 1 1	<u> </u>	
ADDRESS (number and street)	РО Во	x 15858		<u> </u>	<u> </u>	لنبل		
(Check if address is changed)	Washi	ngton			DC	1 20	003	
	L L		CITY		STATE	ال الله	ZIP C	ODE
COMMITTEE'S E-MAIL ADDRES	SS (Place	se provide only one o	mail addr	nce)				
(Check if address		ie@incompliance.net	maii addre	:ss)	1 1 1	111	<u> </u>	1 1 1 1
is changed)	لـــــا		<u> </u>		<u> </u>		<u> </u>	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)						
(Check if address is changed)	L							
2. DATE 12 12	ō ··· / [▼	2011						
3. FEC IDENTIFICATION NU	JMBER	C						
4. IS THIS STATEMENT	NEV	w (N) OR		AMENDED (A)				
I certify that I have examined th	is Staten	nent and to the best	of my kno	wledge and belief i	t is true.	correct an	d complete.	
							,	
Type or Print Name of Treasurer	Chriss	sie Hastie						*
Signature of Treasurer	e Hastie	CH		NAME OF THE OWNER, THE	Date	12	13	2011
NOTE: Submission of false, errone		ncomplete information (penalties of	2 U.S.C. §437g.
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5.

		COMMITTEE e Committee:								
(a)	٠.	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.)								
Nam Cand	e of didate									
	didate / Affiliat	Office State ion Sought: House Senate President District								
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Nam	e of didate									
Par	ty Cor	nmittee:								
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.								
Poli	tical A	Action Committee (PAC):								
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:								
		Corporation Corporation w/o Capital Stock Labor Organization								
		Membership Organization Trade Asseciation Cooperative								
		In addition, this committee is a Lobbyist/Registrant PAC.								
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)								
		In addition, this committee is a Lobbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
Join	t Fund	draising Representative:								
(g)	ums	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.								
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.								
	Com	nmittees Participating in Joint Fundraiser								
	1.									
	2.	FEC (D number C								
	3.	FEC ID number								
	4	I I I I I I I I I I I I I I I I I I I								

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Write or Type Committee Name										
Porter Gordon Silver PAC										
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor										
N/A		**************************************								
Mailing Address	<u> </u>									
maining Address										
										
	CITY STATE	ZIP CODE								
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor								
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in p	ossession of committee								
Chrissie H Full Name	lastie									
Mailing Address	PO Box 751271									
	Las Vegas NV 89136									
Title or Position	CITY STATE	ZIP CODE								
Treasurer	Telephone number 702 - L	259 - 5559								
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of								
Full Name Chrissie H	astie	<u>. 1 . 1</u>								
Mailing Address	7840 Red Leaf Drive									
-										
	Las Vegas NV 89131									
Title or Position	CITY STATE	ZIP CODE								
Title or Position Treasuer	Telephone number 702	259 5559								

STATE

STATE

CITY

CITY

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ZIP CODE

ZIP CODE

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Name of Bank, Depository, etc.

Mailing Address

1036700024

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