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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DEMOCRATIC PARTY OF WASHOE COUNTY

ADDRESS (number and street) ▼ 330 E LIBERTY ST, SUITE 100

☐ (Check if address is changed)

RENO | NV | 89501-2221

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MDICKSONWCDP@HOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.WASHOEDEMS.ORG

COMMITTEE'S FAX NUMBER

775-348-8686

2. DATE 01 / 01 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

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 MATTHEW J. DICKSON

Signature of Treasurer _____ Date 01 / 01 / 2006

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.

Office Use Only				

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

FEC FORM 1
(Revised 02/2003)

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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: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☒ This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

(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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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: PAMELA OUPRE

Mailing Address: 330 E LIBERTY ST, STE 100

RENO | NV | 89501-2221

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

EXECUTIVE DIRECTOR

Telephone number: 775-323-8683

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 of Treasurer: MATTHEW J DICKSON

Mailing Address: 330 E LIBERTY ST, STE 100

RENO | NV | 89501-2221

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 775-223-1875

Full Name of Designated Agent: W CHRIS MICKER

Mailing Address: 330 E LIBERTY ST, STE 100

RENO | NV | 89501-2221

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASST TREAS/CHAIRMAN

Telephone number: 775-323-8683

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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.

NEVADA STATE BANK

Mailing Address PO BOX 990

LAS VEGAS NV 89125-0990

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

NO OTHERS

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

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PREPARER	1/10/06 DATE PREPARED

(3/2005)