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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

NEVADA'S INDEPENDENT VOTERS FORUM

ADDRESS (number and street) 524 HOLCOMB AVENUE

☐ (Check if address is changed)

CITY ▲ RENO STATE ▲ NV ZIP CODE ▲ 89502-

COMMITTEE'S E-MAIL ADDRESS
IVFNevada@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL) n/a

COMMITTEE'S FAX NUMBER
775-322-9932

2. DATE 07 13 2006

3. FEC IDENTIFICATION NUMBER ▶ C00300327

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 Jennifer Sharp

Signature of Treasurer Jennifer Sharp Date 07 13 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 ☐ (National, State or subordinate) committee of the ☐ (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.

8. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

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

☐ Membership Organization ☐ Trade Association ☐ Cooperative

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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: CARTER ROSS KING

Mailing Address: 524 HOLCOMB AVENUE

RENO NV 89502-

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

PRESIDENT

Telephone number 775-327-1153

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: JENNIFER SHARP

Mailing Address: 524 HOLCOMB AVENUE

RENO NV 89502-

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

TREASURER

Telephone number 775-327-1153

Full Name of Designated Agent

Mailing Address

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

Telephone number

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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.

US BANK

Mailing Address

PO BOX 1800

SAINT PAUL MN 55101-0800

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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PREPARER	7/14/06 DATE PREPARED

(3/2005)

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