STATEMENT OF ORGANIZATION

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1. (a) NAME OF COMMITTEE IN FULL ☒ (Check if name is changed) Silver State 21st Century PAC	2. DATE 2/27/2001
(b) Number and Street Address ☒ (Check if address is changed) 3069 Conquista Ct.	3. FEC IDENTIFICATION NUMBER C00384801
(c) City, State, and Zip Code Las Vegas, NV 89121	4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ 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
NONE			

☐ (c) The committee supports/opposes only one candidate _____ and is NOT an Authorized committee.

☐ (d) The committee is a _____ committee of the _____ 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 a party committee

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
N/A		

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
Martin Loeb 7027342887	3069 Conquista Las Vegas, NV 89121	Custodian Of Records

8. **Treasurer:** List the name, address (phone number - optional) of the treasurer of committee, and the name and address of any designated agent (e.g. assistant treasurer).

Full Name	Mailing Address	Title or Position
Martin Loeb 7027342887	3069 Conquista Ct. Las Vegas, NV 89121	Treasurer
LINDA GOLDBERG (702) 736-1353	3054 VAN BUSKIRK LAS VEGAS, NV 89121	ASST. TREASURER

9. **Banks or Other Depositories:** List all banks or 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
BANK WEST OF NEVADA	P.O. Box 26237 LAS VEGAS, NV 89126-0237

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	SIGNATURE OF TREASURER	Date
Martin Loeb	Martin Loeb	4/9/2001

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

For further information contact:
Federal Election Commission
Toll-free 800/424-9530
Local 202/219-3420

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