

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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2000 JUL 10 P 3:19

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Nancy Price for Congress	2. DATE 5 Jul 00
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) PO Box 3759	3. FEC Identification Number
(c) City, State and ZIP Code North Las Vegas NV 89030	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
Nancy Price | Candidate Party Affiliation
Republican | Office Sought
House Dis 1 | State/District
NV-1 |
|---|--|---|---|
- (c) This committee supports opposes only one candidate Nancy Price and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ 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		

Type of Connected Organization
 Corporation Corporation w/o 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 Nancy Price	Mailing Address PO Box 3759 NV NV 89030	Title or Position
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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
Same as above		

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. IBEW Plus	Mailing Address and ZIP Code
4315 E. Bonanza	Las Vegas NV 89110

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 Nancy Price	SIGNATURE OF TREASURER Nancy Price	DATE 5 Jul 00
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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.

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

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FEC FORM 1

(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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The Commission has added this page to the end of this filing to indicate how it was received.

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[Signature]
PREPARER

7-10-00
DATE PREPARED