

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 SEP 10 AM 10:27
Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typed, type over the lines. 12FR4MS

LANE STARTIN FOR CONGRESS COMMITTEE

ADDRESS (number and street)

P.O. Box 33761

(Check if address is changed)

LAS VEGAS

NV

89133-3761

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@LANESTARTIN.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.LANESTARTIN.ORG

2. DATE 09 19 2002

3. FEC IDENTIFICATION NUMBER C

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

I hereby declare 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

AMBER J. SCHNEIDER

Signature of Treasurer

Date

09 19 2002

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 800-424-9539
Local 202-694-3550

FEC FORM 1
(Revised 1/01)

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 W. LANE STARTIN

Candidate Party Affiliation GRE Office Sought: HOUSE SENATE PRESIDENT State ND District 1

- (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.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation with 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 AMBER J. SCHNEITER

Mailing Address 3651 NORTH RANCHO DRIVE
#151
LAS VEGAS, NV 89130-2133

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 702-658-2789

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 AMBER J. SCHNEITER

Mailing Address 3651 NORTH RANCHO DRIVE
#151
LAS VEGAS, NV 89130-2133

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 702-658-2789

Full Name of Designated Agent W. LANE MARTIN

Mailing Address 3651 NORTH RANCHO DRIVE
#151
LAS VEGAS, NV 89130-2133

Title or Position CANDIDATE CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 702-658-2789

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.

BANKWEST OF NEVADA

Mailing Address

2985 SOUTH DURANGO DRIVE

LAS VEGAS

NV: 89147-4131

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

