

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

SECRETARY OF THE SENATE  
09 OCT -7 AM 11:18

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

PARSON FOR SENATE 2010

ADDRESS (number and street)

4185 HIGHWAY 168

(Check if address  
is changed)

P.O. BOX 609

MOAPA

NV

89025-0609

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

PARSONFORSENATE2010@MSN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

PARSONFORSENATE2010.COM

2. DATE

09

30

2009

3. FEC IDENTIFICATION NUMBER

C00461533

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

BILLY PARSON

Signature of Treasurer

Date

09

30

2009

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 02/2009)

29020324104

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 BILLY PARSON

Candidate Party Affiliation REP Office Sought:  House  Senate  President State NV  
 District

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

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

29020324105

Write or Type Committee Name

PARSON FOR SENATE 2010

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

[Empty grid lines for city, state, and zip code]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

BILLY PARSON

Mailing Address

P.O. BOX 609

[Empty grid lines for address continuation]

MOAPA NV 89025-0609

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number 702-285-3822

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

BILLY PARSON

Mailing Address

P.O. BOX 609

[Empty grid lines for address continuation]

MOAPA NV 89025-0609

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE - TREASURER

Telephone number 702-285-3822

29020324106

Full Name of Designated Agent

LINDA PARSON

Mailing Address

P.O. BOX 609

MOAPA

CITY

NV

STATE

89025

ZIP CODE

0609

Title or Position

ALTERNATE TREASURER

Telephone number

702-865-2022

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

350 SANDHILL ROAD

MESQUITE

CITY

NV

STATE

89024

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29020324107

Bill Parson  
Highway 168  
P.O. Box 609  
Las Vegas, NV 89025

**CERTIFIED MAIL™**



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NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-2118  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
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OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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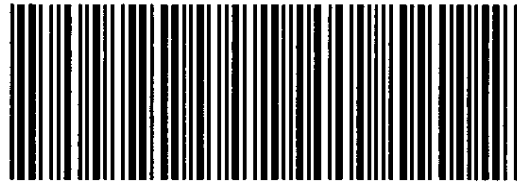
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Date of Receipt

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PREPARER RD DATE PREPARED 10-07-09

29020324109



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