

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Friends of Kate Marshall

ADDRESS (number and street)

PO Box 2897

(Check if address is changed)

Reno

NV

89505

CITY

STATE

ZIP CODE

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

(Check if address is changed)

brian.zuzenak@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.katefornevada.com

2. DATE

08 / 31 / 2011

3. FEC IDENTIFICATION NUMBER

C C00496125

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

Walter Chris Wicker

Signature of Treasurer

Electronically Filed by Walter Chris Wicker

Date

08 / 31 / 2011

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)



Write or Type Committee Name

**Friends of Kate Marshall**

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

**Northern Nevada Victory Fund**

Mailing Address **PO Box 2897**

**Reno** **NV** **89505**

**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 **Kate Marshall**

Mailing Address **3255 Thornhill Dr**

**Reno** **NV** **89509**

**CITY ▲ STATE ▲ ZIP CODE ▲**

**Candidate** Telephone number **775** - **771** - **5115**

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 **Walter Chris Wicker**

Mailing Address **6100 Neil Rd**

**Suite 500**

**Reno** **NV** **89511**

**CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer** Telephone number **775** - **772** - **1081**

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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

1 West Liberty St

Reno

NV

89506

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Bank of America

Mailing Address

201 Pennsylvania Ave, SE

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲