



# Jill Derby for Congress

A strong, independent voice for Nevada values

Lauren Lien  
Reports Analysis Division  
Federal Election Commission  
Washington, D.C. 20463

April 15, 2008

2008 APR 21 AM 10:57

RECEIVED  
FEC MAIL CENTER

Identification Number: C00446997

Candidate ID Number: H6NV02180

Dear Ms. Lien:

Please accept my sincere regrets for the submission of incomplete FEC Forms 1 and 2, dated 3/3/08 and 2/29/08, respectively. I have taken the best effort to provide all information requested and have enclosed the amended forms.

Sincerely,

Laurie Haley, Treasurer  
Jill Derby for Congress  
Post Office Box 1901  
Minden, NV 89423

www.JillDerby.com

PO Box 1901 • Minden, NV 89423 • Office: (775) 783-1416 • Fax: (775) 782-1240

Paid for by Jill Derby for Congress

• E-11 • 800-M

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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
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2008 APR 21 AM 10:57

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Jill Derby for Congress

ADDRESS (number and street) P.O. Box 1901

(Check if address is changed) Minden NV 89423

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
jill@jillderby.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.jillderby.com

COMMITTEE'S FAX NUMBER  
775-782-1240

2. DATE 04' 15' 2008

3. FEC IDENTIFICATION NUMBER C00446997

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 Laurie J. Haley

Signature of Treasurer Laurie J. Haley Date 04' 15' 2008

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

FEC FORM 1  
(Revised 12/2007)

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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 William T. Derby

Candidate Party Affiliation Dem Office Sought:  House  Senate  President State NV District 02

- (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
- (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 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> _____
5.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

Jill Derby for Congress

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

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

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

Laurie J. Haley

Mailing Address

3375 Sierra Crest Way

Reno

NV

89519-

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

775-

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

Laurie J. Haley

Mailing Address

3375 Sierra Crest Way

Reno

NV

89519-

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

-

28039701307

Full Name of Designated Agent

None

Mailing Address

[Empty address lines]

CITY

STATE

ZIP CODE

Title or Position

[Empty title line]

Telephone number

[Empty telephone line]

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.

Bank of America

Mailing Address

1646 US Highway 395

Minden

W.V

289423

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address

[Empty address lines]

CITY

STATE

ZIP CODE

28039701308

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jmo*  
 PREPARER

*8/11/08*  
 DATE PREPARED

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