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FEC
FORM 1

STATEMENT OF ORGANIZATION

Offices Use Only

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

DAVID JEROME BENNETT FOR CONGRESS

ADDRESS (number and street)

11201 SOUTH HIGHLAND AVE, SUITE 1115

(Check if address is changed)

PARRIP

NV

89048

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BFBENNETTFORNEVADA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

BENNETTFORNEVADA.COM

COMMITTEE'S FAX NUMBER

775-751-9967

2. DATE 02 13 2004

3. FEC IDENTIFICATION NUMBER C

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 MARIE A. BENNETT

Signature of Treasurer Marie A. Bennett

Date 02 13 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 DAVID JEROME BENNETT

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 _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Conservative, 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. Custodians of Records: Identify by name, address (phone number -- optional) and position of the persons in possession of committee books and records.

Full Name MARIE A BENNETT

Mailing Address 1201 SOUTH HIGHWAY 160, SUITE 115
PAHRUMP NV 89048

Title or Position TREASURER CITY PAHRUMP STATE NV ZIP CODE 89048
Telephone number 775-751-9966

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 MARIE A BENNETT

Mailing Address 1201 SOUTH HIGHWAY 160, SUITE 115
PAHRUMP NV 89048

Title or Position TREASURER CITY PAHRUMP STATE NV ZIP CODE 89048
Telephone number 775-751-9966

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

3. 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.

WELLS FARGO

Mailing Address

4016 SOUTH RAINBOW

LAS VEGAS NV 89013

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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