

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

AMODEI FOR NEVADA

ADDRESS (number and street)

503 N DIVISION ST

(Check if address is changed)

CARSON CITY

CITY ▲

NV

STATE ▲

89703

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

NNEILON@CASEYNEILON.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

amodeifornevada.com

2. DATE

10 / 23 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00496760

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 Neilon, Nicola, , ,

Signature of Treasurer

Neilon, Nicola, , ,

[Electronically Filed]

Date

10 / 23 / 2019

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 06/2012)

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 Amodei, Mark, E, ,

Candidate Party Affiliation REP 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
 - 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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

AMODEI FOR NEVADA

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

Problem Solvers Patriots

Mailing Address

824 S Milledge Ave Ste 101

Athens

GA

30605

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
Neilon, Nicola, , ,

Mailing Address
503 N Division St

Carson City

NV

89703

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 775 - 283 - 5555

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
Neilon, Nicola, , ,

Mailing Address
503 N Division St

Carson City

NV

89703

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number 775 - 283 - 5555

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

Wells Fargo

[Empty grid for Wells Fargo name]

Mailing Address

PO Box 6995

[Empty grid for Mailing Address line 2]

Portland OR 97228

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Cadence Bank

[Empty grid for Cadence Bank name]

Mailing Address

2234 W Broad St

[Empty grid for Mailing Address line 2]

Athens GA 30606

CITY

STATE

ZIP CODE