

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

NIGER INNIS FOR CONGRESS

ADDRESS (number and street)

7495 WEST AZURE DRIVE

(Check if address is changed)

LAS VEGAS

CITY ▲

NV

STATE ▲

89130

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

dbacker@dbcapitolstrategies.com

Optional Second E-Mail Address

joe@dbcapitolstrategies.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NigerInnis2014.com

2. DATE

10 / 02 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00554485

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 Dan Backer

Signature of Treasurer Dan Backer

[Electronically Filed]

Date

10 / 02 / 2015

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 NIGER INNIS

Candidate Party Affiliation Rep Office Sought: House Senate President State NV District 04

- (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

NIGER INNIS FOR CONGRESS

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

NONE

Mailing Address

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 Joseph Lilly

Mailing Address 203 South Union Street

Suite 300

Alexandria

VA

22314

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number 202 - 210 - 5431

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 Dan Backer

Mailing Address 203 South Union Street

Ste 300

Alexandria

VA

22314

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 202 - 210 - 5431

Full Name of Designated Agent Julie Hereford

Mailing Address 11311 Winter Cottage Place Las Vegas NV 89135 CITY STATE ZIP CODE

Title or Position Telephone number 702 461 4188

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.

Access National Bank

Mailing Address 4221 Walney Road Suite 120 Chantilly VA 20151 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Joseph Lilly _____

Mailing Address

203 South Union Street _____

Suite 300 _____

Alexandria _____ VA 22314 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer _____

Telephone number 202 - 210 - 5431

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C [_____]