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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

~~ANNACTNOW~~ NEVENICH FOR CONGRESS

4312 SUNNYVIEW CT

ADDRESS (number and street)

4312 SUNNYVIEW CT

(Check if address
is changed)

LAS VEGAS NV 89147

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ANNACTNOW@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NEVENICH.ORG

COMMITTEE'S FAX NUMBER

702-413-6127

2. DATE

04 06 2006

3. FEC IDENTIFICATION NUMBER ▶

CH8CA44042

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

Eric Ketchum

Signature of Treasurer

Date

04 06 2006

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 02/2003)

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 ANNA NEVENICH FOR CONGRESS

Candidate Party Affiliation DEM Office Sought: House Senate President State NV District 13

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate ANNA NEVENICH

- (d) This committee is a NV (National, State or subordinate) committee of the DEM (Democratic, 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

[Empty lines for organization name]

Mailing Address [Empty line]

[Empty line for address]

[Empty line for address]

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship [Empty line]

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26039651566

Write or Type Committee Name

NEVENICH FOR CONGRESS

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 Nancy Gabel

Mailing Address 9030 W Sahara

Las Vegas NV 89117

Title or Position CITY STATE ZIP CODE

Telephone number 702-506-7589

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 ERIC KETCHUM

Mailing Address 4312 Sunnyview Ct.

LAS VEGAS NV 89147

Title or Position CITY STATE ZIP CODE

Telephone number 650-799-6440

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

051567

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

4200 S. RAINBOW

LAS VEGAS NV 89147-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2603900

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.

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JM W
 PREPARER

4-20-06
 DATE PREPARED

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