

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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| | |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Tracy For Congress | 2. DATE 9/26/00 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 3241 Little Stream St | 3. FEC Identification Number |
| (c) City, State and ZIP Code Las Vegas NV 89135 | 4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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 Mitchell J Tracy | Candidate Party Affiliation Republican | Office Sought U.S. House | State/District NV |
|--|--|--|---|

- (c) This committee supports/opposes only one candidate _____ (name of candidate) _____ and is NOT an authorized committee.
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| | | |

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 Elizabeth J. Tracy | Mailing Address 3241 Little Stream St Las Vegas NV 89135 | Title or Position Treasurer |
|---|---|--|

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 Elizabeth J Tracy | Mailing Address See #7 Above | Title or Position Treasurer |
|--|---|--|

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. Washington Mutual | Mailing Address and ZIP Code 9911 W. Charleston Blvd # 1 Las Vegas NV 89117 |
|--|---|

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 ELIZABETH J. TRACY | SIGNATURE OF TREASURER | DATE 9-26-00 |
|--|----------------------------|--|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9630
 Local 202-219-3420

FEBAND44

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) 9-27-02 |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>Jmjd</i> PREPARER | 10-2-02 DATE PREPARED |