

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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

12FE4M5 FEC MAIL CENTER

BEST 4 CONGRESS  
c/o Russell Best

ADDRESS (number and street) P.O. Box 22657  
(Check if address is changed)  
CARSON CITY NV 89721  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
(Check if address is changed) BEST4CONGRESS@GMAIL.COM  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
(Check if address is changed) WWW.BEST4CONGRESS.COM

2. DATE

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

Leave BLANK - WILL TO. If true

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 RUSSELL BEST

Signature of Treasurer [Handwritten Signature]

Date 10 21 2012

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.

12030950685

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 RUSSELL BEST

Candidate Party Affiliation  IAP Office Sought:  House  Senate  President State  NV District  02  
*Independent American Party*

- (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	<input checked="" type="checkbox"/> C _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____

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A2P

Write or Type Committee Name

BEST '4 CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Russell Best

Mailing Address

P.O. Box 22651

~~CARSON CITY~~

CARSON CITY

NV

89721

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

775-434-8807

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

Russell Best

Mailing Address

P.O. Box 22651

CARSON CITY

NV

89721

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

775-434-8807

12030950687

Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

CITY

STATE

ZIP CODE

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 BANK

Mailing Address

6 PINE CONE ROAD - SUITE 6

DAYTON

OH

45403

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030950688

**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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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMP*  
 PREPARER

11/6/12  
 DATE PREPARED

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