Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tiger for Congress PO Box 751633 ADDRESS (number and street) (Check if address is changed) Las Vegas 89136 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cameron@incompliance.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00713313 FEC IDENTIFICATION NUMBER > 3. X 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. Phillips, Cameron, , , Type or Print Name of Treasurer Phillips, Cameron, , , [Electronically Filed] 07 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	orm 1 (Revised 02/2009)	Page 2	
		COMMITTEE		
	ididate ×	This committee:		
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
(b) Nam	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) Helgelien, Tiger, , ,	the candidate	
Cano	didate	Treigeneri, Tiger, , ,		
	didate / Affiliati	tion REP Sought: X House Senate President	NV 03	
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District	
Nam	e of	This committee capperts opposed only one canadatio, and is the fair authorized committee.		
	lidate			
Par	ty Con	mmittee:		
(d)		· · · · ·	ocratic, olican, etc.) Party.	
Poli	tical A	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization			
		Corporation Corporation w/o Capital Stock Lab	or Organization	
		Membership Organization Trade Association Coo	perative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party	
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Join	t Fund	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or necommittees/organizations, none of which is an authorized committee of a federal candidate.	nore political	
	Com	nmittees Participating in Joint Fundraiser		
	1.			
	2.			
	3.			
	J.			
	4.			

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Write or Type Committee Na		
Tiger for Cong		
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
	, Cameron, , ,	
Full Name	PO Box 751271	
Mailing Address		
	Las Vegas	89136
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	702 - 259 - 5559
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committe ., assistant treasurer).	e; and the name and address of
Full Name Phillips, of Treasurer	Cameron, , ,	
Mailing Address	PO Box 751271	
	Las Vegas NV	89136
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	702 259 5559

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Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position	1	
	Telephone number	
safety deposit I	er Depositories: List all banks or other depositories in which the committee deposits funds, have boxes or maintains funds. Depository, etc.	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of Nevada ,8505 Centennial Pkwy	
safety deposit I	boxes or maintains funds. Depository, etc. Bank of Nevada ,8505 Centennial Pkwy	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of Nevada ,8505 Centennial Pkwy	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of Nevada 8505 Centennial Pkwy	
safety deposit I Name of Bank, Mailing Address	Bank of Nevada 8505 Centennial Pkwy Las Vegas NV 8914	19
safety deposit I Name of Bank, Mailing Address	Bank of Nevada 8505 Centennial Pkwy Las Vegas CITY STATE	19
safety deposit I Name of Bank, Mailing Address	Bank of Nevada 8505 Centennial Pkwy Las Vegas CITY STATE	19
safety deposit I Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of Nevada 8505 Centennial Pkwy Las Vegas CITY STATE Depository, etc.	19
safety deposit I Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of Nevada 8505 Centennial Pkwy Las Vegas CITY STATE Depository, etc.	19
safety deposit I Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of Nevada 8505 Centennial Pkwy Las Vegas CITY STATE Depository, etc.	19