

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL

DEC 1 12 52 PM

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="text-align: center; font-size: 1.2em;">Robert Tauber for Congress</p>	2. DATE <p style="text-align: center; font-size: 1.2em;">24 Nov. 1997</p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="text-align: center; font-size: 1.2em;">2245 N. Green Valley Pkwy. Suite 267</p>	3. FEC Identification Number
(c) City, State and ZIP Code <p style="text-align: center; font-size: 1.2em;">Henderson, NV 89014</p>	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
<p style="text-align: center; font-size: 1.2em;">Robert Cameron Tauber</p> | Candidate Party Affiliation
<p style="text-align: center; font-size: 1.2em;">Republican</p> | Office Sought: House of Representatives | State/District
<p style="text-align: center; font-size: 1.2em;">Nevada/#1</p> |
|---|--|---|--|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
 - (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
None		

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 <p style="text-align: center; font-size: 1.2em;">William Scott Howard</p>	Mailing Address <p style="text-align: center; font-size: 1.2em;">1505 Westwind Rd; Las Vegas, NV 89102</p>	Title or Position <p style="text-align: center; font-size: 1.2em;">(702) 876-1777 Treasurer</p>
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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 <p style="text-align: center; font-size: 1.2em;">William Scott Howard</p>	Mailing Address <p style="text-align: center; font-size: 1.2em;">1505 Westwind Rd; Las Vegas, NV 89102</p>	Title or Position <p style="text-align: center; font-size: 1.2em;">(702) 876-1777 Treasurer</p>
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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. <p style="text-align: center; font-size: 1.2em;">Bank of America</p>	Mailing Address and ZIP Code <p style="text-align: center; font-size: 1.2em;">P.O. Box 98600; Las Vegas, NV 89193-8600</p>
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I certify that I have examined this Statement and in the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <p style="text-align: center; font-size: 1.2em;">Scott Howard</p>	SIGNATURE OF TREASURER 	DATE <p style="text-align: center; font-size: 1.2em;">24 Nov. 1997</p>
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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.

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 11-24-97
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>SES</i> PREPARER	12-1-97 DATE PREPARED