

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <i>ERNIE BERGHOF FOR US SENATE</i>	2. DATE <i>6/30/00</i>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <i>8047 LAURENA AVE.</i>	3. FEC Identification Number
(c) City, State and ZIP Code <i>LAS VEGAS NV 89147</i>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SECRETARY OF THE SENATE  
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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 <i>ERNEST H. BERGHOF</i>	Candidate Party Affiliation <i>INDEPENDENT AMERICAN</i>	Office Sought <i>U.S. SENATE</i>	State/District <i>NEVADA</i>
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- (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
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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 <i>ANNA F. BERGHOF</i>	Mailing Address <i>8047 LAURENA AVE LAS VEGAS, NV 89147</i>	Title or Position <i>TREASURER</i>
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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 <i>ANNA F. BERGHOF</i>	Mailing Address <i>8047 LAURENA AVE LAS VEGAS, NV 89147</i>	Title or Position <i>TREASURER</i>
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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. <i>WELLS FARGO BANK</i>	Mailing Address and ZIP Code <i>4016 S. RAINBOW BLVD. LAS VEGAS, NV 89103</i>
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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 <i>ANNA F. BERGHOF</i>	SIGNATURE OF TREASURER <i>Anna F. Berghof</i>	DATE <i>6/29/00</i>
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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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

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**FEC FORM 1**  
(revised 4/87)

