

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

207 MAY -9 AM 9:20

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Andrew Martin for Congress

ADDRESS (number and street) 5565 S Decatur Blvd

(Check if address is changed)

Suite 105

Las Vegas NV 89118

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

dana@andrewmartinforcongress.com

joiey@andrewmartinforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.andrewmartinforcongress.com

COMMITTEE'S FAX NUMBER

702-255-1845

2. DATE 05 04 2007

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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.

Type or Print Name of Treasurer Carin D. Bachant

Signature of Treasurer Carin D. Bachant

Date 05 04 2007

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 Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 02/2003)

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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 Andrew B. Martin

Candidate Party Affiliation DEM Office Sought: House Senate President State NV District 03

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name

Andrew Martin for Congress

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 Joseph Bifano

Mailing Address 5565 S Decatur Blvd

Suite 105

Las Vegas NV 89118

Title or Position CITY STATE ZIP CODE

Campaign Manager Telephone number 702-493-2907

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 Carin D Bachant

Mailing Address 5565 S Decatur Blvd

Suite 105

Las Vegas NV 89118

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 702-314-4602

Full Name of Designated Agent Dana P Barqoshian

Mailing Address 5565 S Decatur Blvd

Suite 105

Las Vegas NV 89118

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 702-994-2020

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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.

Nevada State Bank

Mailing Address

P.O. Box 990

Las Vegas NV 89125

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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"/> Overnight Delivery Service (Specify):	Shipping Date
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
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER	<i>5/9/07</i> DATE PREPARED
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