

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

TROPICANA RESORT & CASINO POLITICAL ACTION COMMITTEE

ADDRESS (Number and street)

3801 LAS VEGAS BLVD(S)

(Check if address is changed)

LAS VEGAS

NV

89106

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

emulholland@tropicana.lv.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7027392587

2. DATE

04 / 21 / 2003

3. FEC IDENTIFICATION NUMBER

C C00331082

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

F. Edward Mulholland, II

Signature of Treasurer

Electronically Filed by F. Edward Mulholland, II

Date

04 / 21 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1110

FEC FORM 1
(Revised 02/2003)

Write or Type Committee Name

TROPICANA RESORT & CASINO POLITICAL ACTION COMMITTEE

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 _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

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 **F. Edward Mulholland, II**

Mailing Address **3801 Las Vegas Blvd. South**

_____ **Las Vegas** _____ **NV** _____ **89109** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

_____ _____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

