STATEMENT OF

PAGE 1 / 7 =

FORM 1		ORG	ANIZA	ATIC	N				(Office Us	se Only			
1. NAME OF COMMITTEE (ir	ı full)	(Check if is change			ple:If typir the lines.	g, type	12	FE4						_
LAXALT FO	OR NV	SENATE	REPU	JBLI(CAN	10MI	ŅĘ	FL	JNE	20	22	1 1		
ADDRESS (number a	nd street)	PO BOX 9891												
(Check if a is changed														
is change.	••	ARLINGTON CITY A						ATE ▲	_22	2219	ZIP	- L CODE 4	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRES	SS												
(Check if a is changed		NOMINEEFU	IND@CRO	DSBYC	TT.COM									
		Optional Second	E-Mail Add	ress										
]
COMMITTEE'S WEB (Check if a is changed)	address	RESS (URL)]
2. DATE 0			Y											
3. FEC IDENTIFIC	CATION NU	MBER ▶	C co	0772897										
4. IS THIS STATEM	MENT	NEW (N)	OR	x	AMEN	DED (A)								
certify that I have e	examined thi	s Statement and	to the best o	of my kr	nowledge a	nd belief	it is tru	e, cori	ect an	d com	olete.			
Type or Print Name	of Treasurer	GLAZE, KAYLA,	,,											_
Signature of Treasure	er <i>GLAZI</i>	E, KAYLA, , ,		[Electronical	y Filed]	Date	T.	06	/ D	6	202]
NOTE: Submission of	false, errone	ous, or incomplete ANY CHANGE IN								e penal	ties of	52 U.S.(C. §301	09.
Office Use Only				!	For further i Federal Elect Foll Free 800 Local 202-69	on Commis 424-9530		:				RM 1 6/2012)	I	_

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) x This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate
Name of Candidate LAXALT, ADAM, , ,	
Candidate Party Affiliation REP Sought: House Senate President	State NV District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
Name of Candidate	
Party Committee:	
(Mational, State (Democ	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	or Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	d PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint Fundraiser	
1. C	
C	

ıma	age# 202206169514935106						
	_						
14	FEC Form 1 (Revised					Page 3	
۷۱	Vrite or Type Committee Nam		חבחום			LIND 0000	
	LAXALT FOR						
ò.	Name of Any Connected NV SENATE REPU	=			resentative, or Le	adership PAC Spon	sor
	Mailing Address	PO BOX 9891					
		ARLINGTON			VA 2	2219	
			CITY A		STATE ▲	ZIP CODE ▲	
	Relationship: Connecte	ed Organization Affiliate	d Organization	X Joint Fundraisin	g Representative	Leadership PAC	Sponso
7.	Custodian of Records: Ide books and records.	ntify by name, address (pho	one number op	otional) and position	of the person in po	ssession of committee	
	GLAZE, F	KAYLA,,,					1 1
	Mailing Address	PO BOX 9891					
		ARLINGTON			VA 22	2219	
			CITY ▲		STATE ▲	ZIP CODE ▲	
	Title or Position ▼						
	TREASURER			Telephone nui	mber]	
3.	Treasurer: List the name a any designated agent (e.g.,		er optional) of	the treasurer of the	e committee; and	the name and addres	ss of
	Full Name GLAZE, H	KAYLA, , ,					
	of Treasurer						
	Mailing Address	PO BOX 9891					
							1 1

22219

ZIP CODE ▲

STATE ▲

Telephone number

ARLINGTON

Title or Position ▼

| TREASURER

CITY 🔺

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		(11041000 02/2000)		- tago I
	Full Name of Designated	I		1
	Agent			
N	Mailing Address			
,	Fitle or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Title of Fosition		1	
l			umber	
	Sanks or Other	Depositories: List all banks or other depositories in which the commi	ittee denosits f	inde holde accounte rente
		res or maintains funds.	nice deposits in	arids, riolds decourts, rents
Ν	lame of Bank, [epository, etc.		
		CHAIN BRIDGE BANK		
N	Mailing Address	1445-A LAUGHLIN AVENUE		
		MCLEAN	VA L	22101
		CITY ▲	STATE ▲	ZIP CODE ▲
_				
Ν	lame of Bank, [epository, etc.		
				1
N	Mailing Address			
	g / Ida 1000			
		CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(g) or (h). Joint Fundraisin	ng Participant:		
1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
TAKE BACK THE	: SENATE 		
Mailing Address	PO BOX 9891		
	ARLINGTON	VA VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponso
Designated Agent: Identify	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A Te	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Te	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	CITY A Te	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Te	STATE ▲	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	U	of	′	

1		FEC ID number	C
3		FEC ID number	С
J		FEC ID number	С
4.		FEC ID number	С
	ed Organization, Affiliated Committee, Joint Fund ORY COMMITTEE	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 13026		
	ALICTIN		70744
	AUSTIN	TX	78711
	CITY A sted Organization Affiliated Committee Join tify by name, address (phone number – optional)	STATE ▲ It Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Spo
Connect Designated Agent: Iden Full Name	eted Organization Affiliated Committee		
Connect Connec	eted Organization Affiliated Committee		
Connect Designated Agent: Iden Full Name	eted Organization Affiliated Committee		
Designated Agent: Iden Full Name Mailing Address	tify by name, address (phone number – optional)	at Fundraising Representation	Leadership PAC Spo
Connect Designated Agent: Iden Full Name	tify by name, address (phone number – optional) CITY ▲		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin	g Participant:	
	1		FEC ID number
	2		FEC ID number
	3		FEC ID number
	4.		FEC ID number
6.	Name of Any Connected		nising Representative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 751102	
		LAS VEGAS	, , NV , , 89136
	Relationship:	CITY ▲	STATE A ZIP CODE A
			Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION	CITY A	STATE ▲ ZIP CODE ▲
		1	ephone Number
9.	Banks or Other Depositor safety deposit boxes or ma		he committee deposits funds, holds accounts, rents
	Mailing Address		
		CITY A	STATE ▲ ZIP CODE ▲