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FEC FORM 1	STATEMEN ORGANIZA	_	PAGE 1 / 4 Office Use Only	1
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
	vada			
	3275 N Fort Apache #150			
ADDRESS (number and street (Check if address is changed)				
	Las Vegas └──└──└──└── CITY ▲		NV 89129 STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL AD	DRESS			
(Check if address is changed)	s cameron@incompliance.net			
	Optional Second E-Mail Addr	ress		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 10	02 / Y Y Y Y 02 2023			
3. FEC IDENTIFICATION	N NUMBER ► C COO	0852194		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examine	ed this Statement and to the best o	of my knowledge and belief it is	s true, correct and complete.	
Type or Print Name of Trea	surer Phillips, Cameron, , ,			
Signature of Treasurer	Phillips, Cameron, , ,		Date 10 / D D / Y Y 2023	ÝÝ
NOTE: Submission of false, e		nay subject the person signing th ION SHOULD BE REPORTED V	is Statement to the penalties of 52 U.S.C.	§30109.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		

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5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e candidate
Name of Lee, John, , , Candidate	
Candidate Office Sought: X House Senate President	State NV District 04
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Democratic Republican, Committee of the Committ	
Political Action Committee (PAC):	d arranization is a.
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	tive
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregater committee. (i.e., nonconnected committee)	d 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 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

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Write or Type Committee Name					
John Lee for Nevada					
	 	 	_	 	

Name of Any	Conn	ected	Orga	niza	tion,	, Af	filia	ted	Сс	omr	nit	tee	, Jo	oint	F	uno	Irai	isin	ıg l	Rep	ore	ser	ntat	ive	, oı	· Le	eac	lers	ship	PA	C	Spo	ons	or	
Mailing Addres	ss		L																														<u> </u>		
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Relationship:	Co	onnecte	ed Or	ganiz	ation		A	ffilia	ited	l Or	rgar	niza	tior	ı		Jo	oint	Fu	ndr	aisi	ng	Re	ores	sent	ativ	e	[Lea	ders	ship	PA	'C (Spor	ISOr
	NONE	NONE	NONE	NONE	NONE Mailing Address	NONE Mailing Address Image: Address	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address Image: Address	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address Image: Control of the second	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address	NONE Mailing Address L L CITY ▲	NONE Mailing Address L L CITY ▲	NONE Mailing Address	NONE Mailing Address Image: Control of the second	NONE Mailing Address Image: Control of the second	NONE Mailing Address L L CITY ▲ STATE ▲	NONE Mailing Address Image: Control of the second	NONE Mailing Address L L CITY ▲ STATE ▲	NONE Mailing Address L L CITY ▲ STATE ▲	NONE Mailing Address L L CITY ▲ STATE ▲ ZIF	NONE Mailing Address CITY ▲ STATE ▲ ZIP C	NONE Mailing Address	NONE Mailing Address Image: City Image:	NONE Mailing Address L L CITY ▲ STATE ▲ ZIP CODE ▲	Image: Second secon

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Phillips,	, Cameron, , ,
Full Name	
Mailing Address	3275 N Fort Apache Rd
	Suite 150
	Las Vegas NV 89129
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 702 259 5559

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	Phillips, Cameron, , ,					
of Treasurer						
Mailing Address	3275 N Fort Apache Rd					
	Suite 150					
	Las Vegas NV 89129					
	CITY ▲ STATE ▲ ZIP CODE ▲					
Title or Position	7					
Treasurer 702 259 5559 Telephone number 702 1 1 1						

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

Bank of	Nevada		
Mailing Address	8505 Centennial Pkwy		
	Las Vegas	NV 89149	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository, e	ytc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE