Only

PAGE 1 / 7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Robertson For Congress 50 S Jones Blvd #201 ADDRESS (number and street) (Check if address is changed) Las Vegas 89107 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS chrissie@incompliance.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) RobertsonForCongress.com (Check if address is changed) DATE 2022 C00765891 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Hastie, Chrissie, , , Type or Print Name of Treasurer Hastie, Chrissie,,, [Electronically Filed] 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(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 information below.)	candidate
	Name of Candidate Robertson, Mark, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State NV District 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Ų.
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Republican of the Repub	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Robertson For	Congress	
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea DUSE 2022	adership PAC Sponsor
	Mailing Address	PO BOX 30844	
		1	
		BETHESDA MD 20	0824
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person in pos	ssession of committee
	Hastie, Chr	issie	
	Full Name	5510, , ,	
	Mailing Address	50 S Jones Blvd #201	
		I	
		Las Vegas NV 89	9107
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	he name and address of
	Full Name Hastie, Chr	ssie,,,	
	of Treasurer		
	Mailing Address	50 S Jones Blvd #201	
		Las Vegas NV 89	9107
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits fundaxes or maintains funds.	s, holds accounts, rents
Name of Bank, D	Depository, etc.	
	Evolve Bank & Trust	
Mailing Address	301 Shoppingway Blvd	
	W Memphis AR	72301
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	Bank of Nevada	
Mailing Address	8505 Centennial Pkwy	
	Las Vegas NV	39147
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** _____

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee	nt Fundraising Representa	tive Leadership PAC Sp
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or maintenance.	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name	ries: List all banks or other depositories in which intains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page	6	of ⁷	
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h). Joint Fundraisin		FEC ID number	
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		T EO ID Humber	0
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
	VICTORY FUND		
1			
Mailing Address	P.O. BOX 341027		
	AUSTIN		78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
Connected	d Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connected		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

1.			
		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fo	ındraising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
	_I BETHESDA	MD	20824
	CITY A	STATE STATE Joint Fundraising Representa	ZIP CODE Leadership PAC Spe
Connecte Designated Agent: Identi Full Name	CITY ▲ ed Organization Affiliated Committee	Joint Fundraising Represent	
Connecte Designated Agent: Identi	CITY ▲ ed Organization Affiliated Committee	Joint Fundraising Represent	
Connecte Designated Agent: Identi Full Name	CITY ▲ ed Organization Affiliated Committee	Joint Fundraising Represent	
Connecte Pesignated Agent: Identi Full Name	CITY A ed Organization Affiliated Committee fy by name, address (phone number – optiona	Joint Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	CITY A ed Organization Affiliated Committee fy by name, address (phone number – optional	Joint Fundraising Represent	