PAGE 1 / 14 —

FEC FORM 1		STATE ORGA							Offi	ce Use		6 ⊢ 1 / 14	<u>'</u>
NAME OF COMMITTEE (in	n full)	(Check if is changed		Example: over the I		type	12I	E4M	5				
Laxalt for S	Senate												
ADDRESS (number a	nd street)	PO Box 751102											
(Check if a is changed													
io onangoo	<i>-</i> ,	Las Vegas CITY					NV STAT	E 🛦	8913			DDE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	S											
(Check if a is changed		cameron@inco	ompliance.	.net									
io onango	۵)	Optional Second E	E-Mail Addre	ess									
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL) www.adamlaxalt.co	m 										
2. DATE 08	8 25	2022											
3. FEC IDENTIFIC	CATION NUI	MBER ▶	C C007	787135									
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDE	D (A)							
I certify that I have e	examined this	s Statement and to	the best of	my knowle	edge and	belief it	is true	corre	ct and	comple	te.		
Type or Print Name	of Treasurer	Phillips, Cameron,	, ,										
Signature of Treasure	er <i>Phillips</i>	, Cameron, , ,		[Elect	ronically F	iled]	Date	M C	/ 8	25	/ Y	2022	Y
NOTE: Submission of	false, erroned	ous, or incomplete in		-						penalties	of 52	U.S.C.	§30109
Office Use Only				Feder Toll F	urther infor al Election ree 800-424 202-694-11	Commission 1-9530			l		FORI		

E	C Form 1 (Revised 03/2022)	Page 2
	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 candinformation below.)	didate
	Name of Candidate Laxalt, Adam, , ,	
	Party Affiliation REP Sought: House Senate President	State NV strict 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	Membership Organization Trade Association Cooperative	
	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 function committee. (i.e., nonconnected committee)	d 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1	(Revised 02/2009)	Page 3
۷	Vrite or Type Commi	ittee Name	
	Laxalt for	r Senate	
6.	-	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea HE SENATE 2022 (RTS 2022)	dership PAC Sponsor
		112 0210(112 2022 (1(10 2022)	
	Mailing Address	901 N WASHINGTON ST	
	C	SUITE 700	
		ALEXANDRIA VA 223	314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Reco	cords: Identify by name, address (phone number optional) and position of the person in posses.	session of committee
		Phillips, Cameron, , ,	
	Full Name		
	Mailing Address	50 S Jones Blvd Ste 201	
		1	
		Les Vansa	
		Las Vegas NV 891	.07
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	•	
	Treasurer	Telephone number	
8.		e name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer).	e name and address of
		Dhilling Company	
	Full Name of Treasurer	Phillips, Cameron, , ,	
	or neasurer [FO.S. James Physi Ste 201	
	Mailing Address	50 S Jones Blvd Ste 201	
		Las Vegas NV 891	107
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	702	_ 259 _ 5559
		Telephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
L		
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, hold kes or maintains funds.	ds accounts, rents
Name of Bank, D	epository, etc.	
	Bank of Nevada	
Mailing Address	8505 Centennial Pkwy	
	Las Vegas NV 89149	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Capital Bank N.A.	
Mailing Address	2275 Research Blvd	
	Rockville MD 20850	
	CITY ▲ STATE ▲	ZIP CODE ▲

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

Page ____ **of** _____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	50 S Jones Blvd #201		
	Las Vegas	, , , NV ,	89107
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Spo
Connecte			ative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee Join Join Market		Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee Affiliated Committee Figure 1. Join 1.	t Fundraising Representa	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or market	Affiliated Committee Affiliated Committee Ty by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite to the safety deposit boxes or make the safety deposit	Affiliated Committee Affiliated Committee Fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Of America	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra KER LAXALT VICTORY COMMITTE		e, or Leadership PAC Sponsor
Mailing Address	901 N WASHINGTON ST		
	SUITE 700		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Spons
Full Name			
Mailing Address	1		
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	•		ZIP CODE A
TITLE OR POSITION	Telections: List all banks or other depositories in which the intains funds.	STATE ▲ ephone Number	
Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds. One	STATE ▲ ephone Number	

FEC Form 1S (Revised 02/2017)

Page _____ **of** ______

5(a)	or(h). Joint Fundraisin	n Particinant:		
J(9)	1.	,	FEC ID number	C
	2.		FEC ID number	С
			FEC ID number	C
	3.		FEC ID number	C
	4.		120 15 114111501	<u> </u>
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 13026		
		AUSTIN		78711
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	1	ZIP CODE A
3 .	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY A Te ies: List all banks or other depositories in which to	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	CITY A Te ies: List all banks or other depositories in which to	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical Name of Bank, Chain I	CITY CITY Te ies: List all banks or other depositories in which to intains funds.	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Te ies: List all banks or other depositories in which tintains funds. Bridge Bank	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Te ies: List all banks or other depositories in which tintains funds. Bridge Bank	lephone Number	

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

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n). Joint Fundraisin			
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
LAXALT FOR NV	SENATE REPUBLICAN NOMINEE	FUND 2022	
Mailing Address	PO BOX 9891		
	ARLINGTON	VA VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee Joint by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		t Fundraising Representa	
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Anks or Other Depositor fety deposit boxes or maintenance of Bank,	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or material depository, etc.	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.	 	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
	LAXALT VANCE	VICTORY COMMITTEE		
		50 S JONES BLVD #201		1
	Mailing Address			
		140.75040	N N/	00407
	Polytic ality	LAS VEGAS	NV NV	89107
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name Mailing Address TITLE OR POSITION	CITY A Teles: List all banks or other depositories in which	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A ries: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposits	ZIP CODE ▲
	Full Name	CITY A ries: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposits	ZIP CODE ▲
	Full Name	CITY A ries: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposits	ZIP CODE ▲

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

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected WIN THE SENAT	l Organization, Affiliated Committee, Joint Fo 「F 2∩22	undraising Representat	ive, or Leadership PAC Spon
Mailing Address	PO BOX 13026		
Mailing Address			
	AUSTIN	, TX	, 78711
Deletion dele			
Relationship:	CITY A	STATE A	▲ ZIP CODE ▲
	ed Organization Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC S
			ntative Leadership PAC S
esignated Agent: Identi			ntative Leadership PAC S
esignated Agent: Identi			ntative Leadership PAC S
esignated Agent: Identi			ntative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optiona		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optiona		
esignated Agent: Identi Full Name	fy by name, address (phone number – optiona	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the stat	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the stat	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the stat	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the stat	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the stat	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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TITLE OR POSITION Banks or Other Depositors of Bank, Depository, etc. Mailing Address	ries: List all bank		Telephone Number	ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all bank		,	ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all bank		,	ts funds, holds accounts, rents
Banks or Other Deposito	ries: List all bank		,	ts funds, holds accounts, rents
			,	
TITLE OR POSITION	▼		Telephone Number	
TITLE OR POSITION	•			
		CITY A	STATE ▲	ZIP CODE ▲
			1 1 . 1	
Mailing Address				
Full Name	1			
	y by name, addres	ss (phone number – optional)		
Connecte	d Organization	Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Spo
Relationship:	_	CITY ▲	STATE A	ZIP CODE ▲
	ALEXANDRIA		VA L	22314
J				
Mailing Address	901 N WASHIN	NGTON ST, STE 700		
Name of Any Connected			ndraising Representativ	e, or Leadership PAC Sponso
4			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	C
2			FEC ID number	С

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

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g) or (h). Joint Fundraisin	g Participant:		
1.	<u> </u>	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
		FEC ID number	C
4.			<u> </u>
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraisina Renresentativ	or Leadershin PAC Snonsor
	R VICTORY COMMITTEE	naising riepresentative	s, or Ecadership FAO oponsor
Mailing Address	PO BOX 751271		
Mailing Address			
	LAS VEGAS	NIV/	89136
5.1		NV NV	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Sponso
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	I	Telephone Number	
Banks or Other Deposito	ries: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rents
safety deposit boxes or ma	intains funds.		
Name of Bank, Depository, etc.			
Mailing Address			
	<u> </u>		
	CITY A	STATE ▲	ZIP CODE ▲

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Page ____ **of** _____

(g) or (h).	Joint Fundraising	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 Fundrai	sing Representative	e, or Leadership PAC Sponsor
I	Mailing Address	PO BOX 1243		
		ALEXANDRIA	VA	22313
I	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	ıll Name	by name, address (phone number – optional)		
Fu	ıll Name	by name, address (phone number – optional)		
Fu Ma	ıll Name	CITY A	STATE A	ZIP CODE A
Fu Ma	ull Name	CITY A		
Fu Ma T Banks safety Name	ailing Address	CITY CITY Tele des: List all banks or other depositories in which the	STATE ▲	ZIP CODE 🛦
Fu Ma T Banks safety Name Depos	ailing Address TITLE OR POSITION s or Other Depositori deposit boxes or mail of Bank, sitory, etc.	CITY CITY Tele des: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
Fu Ma T Banks safety Name Depos	ailing Address TITLE OR POSITION s or Other Depositori deposit boxes or main of Bank,	CITY CITY Tele des: List all banks or other depositories in which the	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or

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h). Joint Fundraisi n	9 · · · · · · · · · · · · · · · · · ·					_		-
1.				FE	C ID number	-		-
2				_ FE	C ID number	C		_
3.				_ FE	C ID number	C		_
4.				_ FE	C ID number	C		-
ame of Any Connected			ee, Joint Fu	undraising	Representat	ive, or Le	adership PAC Sp	pon
2022 FOUNDERS		E E 						
Mailing Address	1305 W 11TH	STREET						ı
ag / .aa.ooo	#213							
	HOUSTON				TX	77	7008	
Relationship:		CITY A			STATE .	l	ZIP CODE A	<u> </u>
Connected	d Organization	Affiliated Comm	nittee 🗶	Joint Fundra	aising Represe	ntative	Leadership PAC	
esignated Agent: Identify					aising Represe	ntative	Leadership PAC	
esignated Agent: Identify					aising Represe	ntative	Leadership PAC	
esignated Agent: Identify					aising Represe	ntative	Leadership PAC	
esignated Agent: Identify					aising Represe	ntative	Leadership PAC	
esignated Agent: Identify	by name, addre		er – optiona)	aising Represe		Leadership PAC	C S
esignated Agent: Identify	by name, addre	ess (phone numbe	er – optiona)	aising Represe			C S
esignated Agent: Identify Full Name Mailing Address	by name, addre	ess (phone numbe	er – optiona					C S
Full Name Mailing Address TITLE OR POSITION	by name, addre	ess (phone number	er – optiona	Telephor	STATE Anne Number		ZIP CODE A	C S
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	by name, addre	ess (phone number	er – optiona	Telephor	STATE Anne Number		ZIP CODE A	C S
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	by name, addre	ess (phone number	er – optiona	Telephor	STATE Anne Number		ZIP CODE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	by name, addre	ess (phone number	er – optiona	Telephor	STATE Anne Number		ZIP CODE A	