**FEC** 

Only

## STATEMENT OF

PAGE 1/6 •

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Duty First PAC 3275 N Fort Apache ADDRESS (number and street) Ste 150 (Check if address is changed) Las Vegas 89129 NVCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address chrissie@incompliance.net is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00819888 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Hastie, Chrissie, , Date 11 17 2023 Signature of Treasurer Hastie, Chrissie, , , 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

_		
EC Form 1 (F	Revised 03/2022)	Page <b>2</b>
TYPE OF (	COMMITTEE:	
Candidate	e Committee:	
(a) Ti	his committee is a principal campaign committee. (Complete the candidate information be	low.)
	his committee is an authorized committee, and is NOT a principal campaign committee. (nformation below.)	Complete the candidate
Name of Candidate	e ['''''''' '''''''' ''''''''''''''''''	
Candidate Party Affili		State sident District
(c) Ti	This committee supports/opposes only one candidate, and is NOT an authorized committee	e.
Name o Candida		
Party Cor		
(d) T	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
	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 Organization
Ē	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separat ommittee. (i.e., nonconnected committee)	re segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) Ti	his committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h) Ti	This committee is a political committee with both contribution and non-contribution account	s (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fun	ndraising Representative:	
(1)	his committee collects contributions, pays fundraising expenses and disburses net proceed ommittees/organizations, at least one of which is an authorized committee of a federal ca	· ·
(1)	This committee collects contributions, pays fundraising expenses and disburses net proceed ommittees/organizations, none of which is an authorized committee of a federal candidate	•
Committ	tees Participating in Joint Fundraiser	
1.	C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Irite or Type Committee Name		
	Duty First PAC		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	SAM BROWN VICTO	DRY COMMITTEE	
	Mailing Address	PO BOX 751271	
		1	
		LAS VEGAS NV 1 89136	
		LAG VEGAG   144   69130	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in possessi	ion of committee
	Hastie, Chr	issie, , ,	
	Tun Name	3275 N Fort Apache	
	Mailing Address		
		Ste 150	
		Las Vegas NV 89129	I-I
		OTT A	71D 00DE 4
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	, 702	259   5559
	i i easurei	Telephone number	
			_
<b>3.</b>	<b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
	Full Name Hastie, Chr	rissie, , ,	
	of Treasurer		
	Mailing Address	3275 N Fort Apache	
		Ste 150	
		Las Vegas   NV   89129	
	Title on Desition	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		050
	Treasurer	Telephone number	259 - 5559

FEC Form 1 (Revised (	02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position <b>▼</b>	CITY ▲ STAT	E ▲ ZIP CODE ▲
	Telephone number	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the committee depotains funds.	osits funds, holds accounts, rents
Name of Bank, Depository, e	etc.	
Bank of	Nevada	
Mailing Address	8505 Centennial Pkwy	
	Las Vegas NV	/ <u>89149</u>
	CITY ▲ STATI	E ▲ ZIP CODE ▲
Name of Bank, Depository, e	etc.	
Mailing Address		
	CITY ▲ STATI	E ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Dogo	of <sup>6</sup>	
Page	OT °	

1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
7.			
Name of Any Connected (	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
SAM BROWN VICTO			
Mailing Address	3275 N FORT APACHE #150		
J			
	LAS VEGAS	ı NV ı	89129
Relationship:			
neialionsnip.	CITY A	STATE ▲	ZIP CODE ▲
Connected  Designated Agent: Identify	Organization Affiliated Committee X Joby name, address (phone number – optional)	oint Fundraising Representa	
Designated Agent: Identify			
Designated Agent: Identify  Full Name			
Designated Agent: Identify  Full Name			
Designated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)		
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		Leadership PAC Spon

FEC Form 1S (Revised 02/2017)

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

Dago	of <sup>6</sup>	
Page	01	

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	С
BROWN, SAM, , ,	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 750844		
	LAS VEGAS	NV NV	89136
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  pries: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲  pries: List all banks or other depositories in whi aintains funds.	STATE   Telephone Number  ch the committee deposit	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  pries: List all banks or other depositories in whi aintains funds.	STATE   Telephone Number  ch the committee deposit	s funds, holds accounts, rent