Only

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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. Catherine Cortez Masto for Senate 8020 South Rainbow Blvd ADDRESS (number and street) Suite 100-112 (Check if address is changed) Las Vegas 89139 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ccm@mbacg.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.catherinecortezmasto.com (Check if address is changed) DATE 31 2023 C00575548 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. Snyder, Lili, , , Type or Print Name of Treasurer Snyder, Lili, , , [Electronically Filed] 01 31 2023 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 Cortez Masto, Catherine, , ,	
	Candidate Party Affiliation DEM Office Sought: House Fresident	State NV District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	200
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Committee of the Commi	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	
	1C	
	C	

Treasurer

		_		
Catherine Cortez Masto for Senate Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spoi Cortez Masto Victory Fund Mailing Address 611 Pennsylvania Ave SE	-,.	•	2/2009)	Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spoi Cortez Masto Victory Fund Mailing Address 611 Pennsylvania Ave SE	VV	_	a- Maata fan Canata	
Cortez Masto Victory Fund Mailing Address 611 Pennsylvania Ave SE Suite 143 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization ▼ Joint Fundraising Representative Leadership PAC 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records. Mele, Steven, Full Name Mailing Address 611 Pennsylvania Ave SE Suite 143 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number optional) of the treasurer of the committee; and the name and addreany designated agent (e.g., assistant treasurer). Full Name Sryder, Lili, of Treasurer Mailing Address Suite 100-112	_			aushin DAO Ousansan
Mailing Address Gil Pennsylvania Ave SE	6.			ersnip PAC Sponsor
Suite 143 Vashington				
Suite 143 Vashington				
CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records. Mele, Steven, , , Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ State 143		Mailing Address	611 Pennsylvania Ave SE	
CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization X Joint Fundralsing Representative Leadership PAC 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Mele, Steven, Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number optional) of the treasurer of the committee; and the name and addresary designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, of Treasurer Mailing Address 8020 South Rainbow Blvd			Suite 143	
Relationship: Connected Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Mele, Steven, , , Full Name Mailing Address Suite 143 Washington CITY A STATE A ZIP CODE A Title or Position Assistant Treasurer Telephone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name an			Washington DC 2000	3
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Mele, Steven, , , Full Name Mailing Address 611 Pennsylvania Ave SE Suite 143 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number 7. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addres any designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, , , of Treasurer Mailing Address 8020 South Rainbow Blvd Suite 100-112			CITY ▲ STATE ▲	ZIP CODE ▲
Mele, Steven, , , Full Name Mailing Address 611 Pennsylvania Ave SE Suite 143 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number Telephone number 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, , , of Treasurer Mailing Address 8020 South Rainbow Blvd Suite 100-112		Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
books and records. Mele, Steven, , , Full Name Mailing Address 611 Pennsylvania Ave SE Suite 143 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number Telephone number Telephone number optional) of the treasurer of the committee; and the name and addreany designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, , of Treasurer Mailing Address Suite 100-112		_		
Full Name Mailing Address 611 Pennsylvania Ave SE Suite 143 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number Telephone number 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addres any designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, of Treasurer Mailing Address 8020 South Rainbow Blvd Suite 100-112	7.		ify by name, address (phone number optional) and position of the person in posse	ession of committee
Full Name Mailing Address 611 Pennsylvania Ave SE Suite 143 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number Telephone number 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addres any designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, of Treasurer Mailing Address 8020 South Rainbow Blvd Suite 100-112		Mele, Steve	en,,,	
Suite 143 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number Telephone number optional) of the treasurer of the committee; and the name and addres any designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, , , of Treasurer Mailing Address 8020 South Rainbow Blvd Suite 100-112		1		
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number Telephone number Telephone number Telephone number Snyder, Lili, , , of Treasurer Mailing Address 8020 South Rainbow Blvd		Mailing Address	611 Pennsylvania Ave SE	
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Assistant Treasurer Telephone number Telephone number Telephone number Telephone number Telephone number Support the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name Support the committee; and the name and address any designated agent (e.g., assistant treasurer). Support the committee; and the name and address any designated agent (e.g., assistant treasurer). Support the committee; and the name and address any designated agent (e.g., assistant treasurer). Support the committee; and the name and address any designated agent (e.g., assistant treasurer).			Suite 143	
Title or Position ▼ Assistant Treasurer Telephone number Telep			Washington DC 20003	3
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addres any designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, , , of Treasurer Mailing Address Suite 100-112			CITY ▲ STATE ▲	ZIP CODE ▲
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addres any designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, , , of Treasurer Mailing Address Suite 100-112		Title or Position ▼		
any designated agent (e.g., assistant treasurer). Full Name Snyder, Lili, , , of Treasurer Mailing Address Suite 100-112		Assistant Treasurer	Telephone number	
of Treasurer Mailing Address Suite 100-112	8.			name and address of
Mailing Address 8020 South Rainbow Blvd		Full Name Snyder, Lili	,,,	
Mailing Address Suite 100-112		of Treasurer		
		Mailing Address	8020 South Rainbow Blvd	
Las Vegas			Suite 100-112	
			Las Vegas NV 8913	9
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Title ou De-ities —	CITY ▲ STATE ▲	ZIP CODE ▲

Telephone number

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Mele, Steven, , ,	
Mailing Addre	ss 611 Pennsylvania Ave SE	
	Suite 143	
	Washington	DC 20003 - - -
Title or Positi		TATE ▲ ZIP CODE ▲
Assistant Tre		r
	ner Depositories: List all banks or other depositories in which the committee of boxes or maintains funds.	deposits funds, holds accounts, rents
Name of Ban	k, Depository, etc.	
	Amalgamated Bank	
Mailing Addre	ss1825 K St NW	
	Washington	DC 20006
	CITY ▲ ST.	TATE ▲ ZIP CODE ▲
Name of Ban	k, Depository, etc.	
	Woodsboro Bank	
Mailing Addre	ss 5 N Main Street	
	Woodsboro	MD 21798
	CITY ▲ ST.	TATE ▲ ZIP CODE ▲

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	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	cted Organization, Affiliated Committee, Joint Fue Victory 2022	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	120 Maryland Avenue NE		
	Washington	DC	20002
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Id	entify by name, address (phone number – optional))	
Full Name	entify by name, address (phone number – optional)		
	entify by name, address (phone number – optional)		
Full Name	entify by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ig i artiolpanti		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fun 2022 Victory Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	3104 E Camelback Rd		
	#924		
	Phoenix	AZ	85016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint J	int Fundraising Representa	ative Leadership PAC Spo
Pesignated Agent: Identif		int Fundraising Representa	Leadership PAC Spo
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Pesignated Agent: Identif		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif	fy by name, address (phone number – optional)		
Pesignated Agent: Identif	fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Spo
Pesignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	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 ____ **of** ____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
DSCC Battlegrou	nd Victory 2022		
Mailing Address	120 Maryland Ave NE		
	Washington	DC	20002
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif		t Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
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Connecte Designated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Represent	Ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A