

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Laxalt for Senate

ADDRESS (number and street)

PO Box 751102

☐ (Check if address is changed)

Las Vegas

CITY ▲

NV

STATE ▲

89136

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

cameron@incompliance.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.adamlaxalt.com

2. DATE

06 / 28 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00787135

4. 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.

Type or Print Name of Treasurer Phillips, Cameron, , ,

Signature of Treasurer Phillips, Cameron, , ,

[Electronically Filed]

Date

06 / 28 / 2022

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. 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 candidate information below.)

Name of Candidate Laxalt, Adam, , ,

Candidate Party Affiliation REP

Office Sought: ☐ House ☒ Senate ☐ President

State NV

District 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        (Democratic, Republican, 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 Organization  
☐ 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 fund or party committee. (i.e., nonconnected committee)

☐ 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. \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

## Laxalt for Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  
RECLAIM THE SENATE 2022 (RTS 2022)

Mailing Address

901 N WASHINGTON ST

SUITE 700

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name Phillips, Cameron, , ,

Mailing Address

50 S Jones Blvd Ste 201

Las Vegas

NV

89107

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 of Treasurer Phillips, Cameron, , ,

Mailing Address

50 S Jones Blvd Ste 201

Las Vegas

NV

89107

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

702

259

5559

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

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

CITY ▲

NV

STATE ▲

89149

ZIP CODE ▲

Name of Bank, Depository, etc.

Capital Bank N.A.

Mailing Address

2275 Research Blvd

Rockville

CITY ▲

MD

STATE ▲

20850

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Laxalt Victory Committee

Mailing Address

50 S Jones Blvd #201

Las Vegas

NV

89107

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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, Bank of America

Depository, etc.

Mailing Address

600 N Washington Street

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

## 5(g) or (h). Joint Fundraising Participant:

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

BARRASSO WALKER LAXALT VICTORY COMMITTEE

Mailing Address

901 N WASHINGTON ST

SUITE 700

ALEXANDRIA

VA

22314

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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, Capital One

Depository, etc.

Mailing Address

5444 Westheimer Rd Ste 5200

Houston

TX

77056

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

|    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

CORNYN VICTORY COMMITTEE

Mailing Address

AUSTIN  TX  78711  -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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, Chain Bridge Bank  
Depository, etc.

Mailing Address

McLean  VA  22101  -

CITY ▲ STATE ▲ ZIP CODE ▲

5(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 |

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

LAXALT FOR NV SENATE REPUBLICAN NOMINEE FUND 2022

|                                                 |                                                          |                                                           |                                                 |
|-------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|
| Mailing Address                                 | PO BOX 9891                                              |                                                           |                                                 |
|                                                 |                                                          |                                                           |                                                 |
|                                                 | ARLINGTON                                                | VA                                                        | 22219                                           |
| Relationship:                                   | CITY ▲                                                   | STATE ▲                                                   | ZIP CODE ▲                                      |
| <input type="checkbox"/> Connected Organization | <input checked="" type="checkbox"/> Affiliated Committee | <input type="checkbox"/> Joint Fundraising Representative | <input type="checkbox"/> Leadership PAC Sponsor |

8. **Designated Agent:** Identify by name, address (phone number – optional)

|                     |                      |         |            |
|---------------------|----------------------|---------|------------|
| Full Name           |                      |         |            |
| Mailing Address     |                      |         |            |
|                     |                      |         |            |
|                     |                      |         |            |
| TITLE OR POSITION ▼ | CITY ▲               | STATE ▲ | ZIP CODE ▲ |
|                     | 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,<br>Depository, etc. |        |         |            |
| Mailing Address                   |        |         |            |
|                                   |        |         |            |
|                                   |        |         |            |
|                                   | CITY ▲ | STATE ▲ | ZIP CODE ▲ |