**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Sam Brown for Nevada PO Box 750844 ADDRESS (number and street) (Check if address is changed) Las Vegas NV89136 CITY 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) sambrownfornevada.com (Check if address is changed) DATE 2024 C00845032 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 04 22 2024 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 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the ca	indidate information below.)
(b) This committee is an authorized committee, and is NOT a principal of information below.)	campaign committee. (Complete the candidate
Name of Candidate Brown, Sam, , ,	
Candidate Party Affiliation REP Office Sought: House	Senate President State NV  District 00
(c) This committee supports/opposes only one candidate, and is NOT a	n authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, ne Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected or	rganization on line 6.) Its connected organization is a:
Corporation Corporation w/o Cap	ital 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, committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify s	sponsor on line 6.)
(g) This committee is an independent expenditure-only political committee	ee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
	on-contribution accounts (Hybrid PAC)
(h) I his committee is a political committee with both contribution and no In addition, this committee is a Lobbyist/Registrant PAC.	in-continuation accounts (Hybrid 1740).
in addition, this committee is a Lobbyist/negistrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized contribution of the committees of the committees of the committees of the committees.	
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee	
Committees Participating in Joint Fundraiser	
	C

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•	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
	Sam Brown for N	levada		
6.	•	rganization, Affiliated Committee, Joint I	Fundraising Representat	ive, or Leadership PAC Sponsor
	MAJORITY MAKERS	S FUND		
		1421 OFFICE PARK DR		
	Mailing Address			
		MOUNTAIN BROOK	AL L	35223
		CITY A	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	✓ Joint Fundraising Repres	sentative Leadership PAC Sponso
	_			_
_	Occidental and December 1st of	(		
7.	books and records.	fy by name, address (phone number option	onal) and position of the pe	erson in possession of committee
	Hastie, Chi	iccio		
	Full Name			
	Mailing Address	3275 N Fort Apache #150		
	<b>3</b>			
		Las Vegas	ı ı NV	, , 89129
			INV	09129
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	702 - 259 - 5559
8.	<b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	ne treasurer of the commi	ttee; and the name and address of
	Full Name Hastie, Chi	issie, , ,		
	of Treasurer	007F N.F. + A L. #450		
	Mailing Address	3275 N Fort Apache #150		
		Las Vegas	NV	89129
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼	OII 1 =	SIAIE	Zii OODL =
	Treasurer		Telephone number	702   259   -   5559

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number  Telep	FEC Form 1	(Revised 02/2009)	Page <b>4</b>
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number	Designated		
Title or Position ▼    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		
Title or Position ▼    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			
Title or Position ▼    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			
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    8505 Centennial Pkwy			ZIP CODE ▲
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  Bank of Nevada  Bank of Nevada  CITY A STATE A ZIP CODE A  Name of Bank, Depository, etc.  ChainBridge Bank  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address	Title or Position	,	
Name of Bank, Depository, etc.    Bank of Nevada		Telephone number	-
Bank of Nevada    Mailing Address	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, see or maintains funds.	holds accounts, rents
Mailing Address    8505 Centennial Pkwy	Name of Bank, D	epository, etc.	
Name of Bank, Depository, etc.  ChainBridge Bank  Mailing Address  1445A Laughlin Ave  McLean  VA 22101 —		Bank of Nevada	
Name of Bank, Depository, etc.  ChainBridge Bank  Mailing Address  McLean  VA 22101  VA 222101	Mailing Address	8505 Centennial Pkwy	
Name of Bank, Depository, etc.  ChainBridge Bank  Mailing Address  McLean  VA 22101  VA 222101			
Name of Bank, Depository, etc.  ChainBridge Bank  Mailing Address  McLean  VA 22101		Las Vegas NV 89	149
ChainBridge Bank  Mailing Address  McLean  VA 22101		CITY ▲ STATE ▲	ZIP CODE ▲
Mailing Address  1445A Laughlin Ave  McLean  VA 22101	Name of Bank, D	epository, etc.	
McLean VA   22101   -		ChainBridge Bank	
	Mailing Address	1445A Laughlin Ave	
CITY ▲ STATE ▲ ZIP CODE ▲		McLean VA 22	101
		CITY ▲ STATE ▲	ZIP CODE ▲

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
SAM BROWN VICT	d Organization, Affiliated Committee, Joint Fu	Indraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 751271		
mailing / taulous			
	LAS VEGAS	, NV	89136
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Ident	fy by name, address (phone number – optional	Joint Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident			Leadersnip PAC Spo
Pesignated Agent: Ident			Leadersnip PAC Spo
Pesignated Agent: Ident Full Name  Mailing Address	fy by name, address (phone number – optional		ZIP CODE A
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional		
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposite afety deposit boxes or necessity.	fy by name, address (phone number – optional  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposite afety deposit boxes or necessity.	fy by name, address (phone number – optional  CITY   Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
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Pesignated Agent: Ident  Full Name	fy by name, address (phone number – optional  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A

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	ng Participant:		
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2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
SAM BROWN VICT	URT FUND		
Mailing Address	3275 N FORT APACHE #150		1 1 1 1 1 1 1 1 1 1
	LAS VEGAS	NV	89129
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership FAC Sp
	fy by name, address (phone number – optional)	nt Fundraising Representa	Ative Leadership PAC Sp
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r(h). <b>Joint Fundraising</b>	g Participant:		
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4.		FEC ID number	C
Name of Any Connected (	Organization, Affiliated Committee, Joint	Fundraising Representativ	e, or Leadership PAC Sponsor
BROWN/ROGERS VI	CTORY FUND		
Mailing Address	3275 NORTH FORT APACHE ROAD		
	150		
	LAS VEGAS	NV	89129
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spons
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	▼ CITY ▲	STATE  Telephone Number	ZIP CODE ▲

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h). <b>Joint Fundraisi</b>			
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ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
RECLAIM THE MAJ	ORITY		
	421 Office Park Dr		
Mailing Address	421 Office Park Di		
	Mountain Brook	AL	35223
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
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lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
2024 REPUBLICAN	SENATE VICTORY		
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA		22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X July July July July July July July July	oint Fundraising Represent	ative Leadership PAC Sp
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1.		Participant:				
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Name of	Any Connected (	Organization, Affiliated (	Committee, Joint F	undraising Rep	resentative	, or Leadership PAC Spons
SENA	TE PATH TO VI	CTORY 2024				<u> </u>
Mail	ling Address	421 OFFICE PARK DR				
iviali	iing Address					
		BIRMINGHAM			ı AL ı	, 35223
Rela	ationship:		CITY A		STATE A	ZIP CODE A
11010	ationship.				SIAIE	ZIP CODE
esignate	ed Agent: Identify	by name, address (phon	e number – optiona	al)		
esignate Full N		by name, address (phon	e number – optiona	al)		
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lame of Any Connected	Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Spons
2024 SENATORS C	LASSIC COMMITTEE		
Mailing Address	228 S. WASHINGTON STREET		1 1 1 1 1 1 1 1 1
	SUITE 115		
	ALEXANDRIA	VA VA	22314
	CITY   ded Organization	STATE ▲ int Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Connected Agent: Identification   Full Name	ed Organization Affiliated Committee X Jo		
Connected Agent: Identification	ed Organization Affiliated Committee X Jo		
esignated Agent: Identi	ed Organization Affiliated Committee X Jo		
esignated Agent: Identification  Full Name Mailing Address	Affiliated Committee X Joint Department of the Committee X Joint D	int Fundraising Representa	Leadership PAC Sp
resignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint Department of the Committee X Joint D		