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07/23/2024 18 : 44

STATEMENT OF
ORGANIZATION

FEC FORM 1		STATEME ORGANIZ		Off	PAGE 1 / 16
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Nevada Stat		ocratic Party			
ADDRESS (number a	nd street)	2310 Paseo del Prado			
(Check if a is changed		Suite A120			
J		Las Vegas CITY ▲		NV 8910 STATE ▲	22 
COMMITTEE'S E-MA		SS			
(Check if a is changed		smaki@nvdems.com			
	-)	Optional Second E-Mail A chris@pattonprocessing.com			
COMMITTEE'S WEB	address	DRESS (URL)			
2. DATE 12	2 / D 2 02	D / Y Y Y Y 2021			
3. FEC IDENTIFIC	CATION NU	IMBER ► C	C00208991		
4. IS THIS STATEM	MENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined th	is Statement and to the be	st of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name	of Treasurer	Hinyard, Leilani, , ,			
Signature of Treasure	er Hinya	rd, Leilani, , ,		Date 07	23 / Y Y Y Y 2024
NOTE: Submission of	false, errone		n may subject the person signing IATION SHOULD BE REPORTED		penalties of 52 U.S.C. §30109
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information b	pelow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pr	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committ	District
Name of Candidate	
Party Committee:       (National, State or subordinate) committee of the       DEM	(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 separ committee. (i.e., nonconnected committee)	ate segregated 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 account	nts (Hybrid 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
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

	FEC Form 1 (Revised 02/2009)	Page <b>3</b>
۷	Vrite or Type Committee Name	
	Nevada State Democratic Party	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	Horsford Victory Fund 2020	

Mailing Address	4904 Camino Al Norte		
	#336664		
	North Las Vegas	NV	89033
	CITY 🔺	STATE 🔺	ZIP CODE
Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Representativ	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.

Hinyard, L	ilani, , ,
Full Name	
Mailing Address	2310 Paseo Del Prado, A120
	Las Vegas NV 89102
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number     702     737     8683

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	Hinyard, Leilani, , ,
Mailing Address	2310 Paseo Del Prado, A120
	Las Vegas NV 89102
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image: Telephone number     702     737     8683

FEC Form 1 (Revised 02	2/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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.

L	Nevada State Bank		
Mailing Address	3480 West Sahara Ave.		
	Las Vegas	NV 89102	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, De			
	Bank of America		
Mailing Address	701 Second Avenue		
	Seattle	WA98104	
	CITY A	STATE 🔺	ZIP CODE

5(g) or (h)	). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6. <b>Na</b>	me of Any Connected (	Drganization, Affiliated Committee, Joint Fundraisi	ng Representative	e, or Leadership PAC Sponsor
	NV Party Victory Fund			
L				
	Mailing Address	430 S Capitol St., SE		
		Washington		20003
	Relationship:	CITY A	STATE A	
	Connected	Organization Affiliated Committee X Joint Fun	draising Representa	ative Leadership PAC Sponsor
8. <b>De</b> s	signated Agent: Identify Full Name	by name, address (phone number – optional)		
8. <b>Des</b>		by name, address (phone number - optional)		
8. <b>De</b> s	Full Name	by name, address (phone number - optional)		
8. <b>Des</b>	Full Name	by name, address (phone number - optional)		
8. <b>De</b> s	Full Name			<pre></pre>
8. <b>De</b> s	Full Name		<pre> STATE ▲ none Number ↓ </pre>	
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION T	CITY ▲ CITY ▲ Telept Es: List all banks or other depositories in which the	none Number	

1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
Mailing Address	430 South Capitol Street, SE		
	Washington		20003
Relationship:	CITY ▲	STATE A	
Connector	d Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Spons
esignated Agent: Identify	y by name, address (phone number – optional)	,	
esignated Agent: Identify	y by name, address (phone number – optional)		
	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
Full Name		) 	<ul> <li></li></ul>
Full Name			

5(g) or (h).	Joint Fundraising	Participant:					
1.			FE	C ID number	С		
2.			FE	C ID number	С		
3.			FE	C ID number	С		
4.			FE	C ID number	С		
6. <b>Name</b>	e of Any Connected (	Drganization, Affiliated Committee, Join	t Fundraising	Representative	e, or Leade	ership PAC S	ponsor
FF	RIENDS OF STATE	DEMOCRATIC PARTIES					
	Mailing Address						
					70506	; 	
	Relationship:	CITY 🔺		STATE 🔺		ZIP CODE	
	Connected	Organization Affiliated Committee	🗙 Joint Fundra	aising Representa	ative	Leadership PA	C Sponsor
	nated Agent: Identify	by name, address (phone number - optio	onal)		1 1 1 1		
N	ailing Address	1					
-	TITLE OR POSITION			STATE			
L		•	Telephor	ne Number			
safety Name	s or Other Depositor deposit boxes or mai of Bank, sitory, etc.	i <b>es:</b> List all banks or other depositories in ntains funds.	which the co	mmittee deposit	s funds, ho	lds accounts,	rents
	Mailing Address						
I				STATE ▲			

(g) or (h).	Joint Fundraising	Participant:				
1.				J FEC	D number	С
2.				J FEC	D number	С
3.				J FEC	D number	С
4.				J FEC	D number	С
			d Committee, Joint Fu	ndraising Re	presentative	e, or Leadership PAC Sponsor
r	Mailing Address	1465 TERMINAL WA	√Y #1 			
		RENO		1	NV	89502
F	Relationship:		CITY A		STATE A	ZIP CODE A
	Connected	Organization Affil	liated Committee	oint Fundraisi	ng Representa	ative Leadership PAC Spons
Fu	II Name					
Ma	ailing Address	1				
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		1				
т						
т		<pre></pre>		Telephone		
т	ITLE OR POSITION	<pre></pre>		Telephone		
Banks	or Other Depositori	es: List all banks or o			Number	ZIP CODE ▲
Banks safety	or Other Depositori deposit boxes or main	es: List all banks or o			Number	
Banks safety Name	or Other Depositori	es: List all banks or o		ich the comm	Number	
Banks safety Name Depos	or Other Depositori deposit boxes or main of Bank,	es: List all banks or o	bther depositories in wh	ich the comm	Number	s funds, holds accounts, rents
Banks safety Name Depos	or Other Depositori deposit boxes or main of Bank, itory, etc.	es: List all banks or o	bther depositories in wh	ich the comm	Number	s funds, holds accounts, rents
Banks safety Name Depos	or Other Depositori deposit boxes or main of Bank, itory, etc.	es: List all banks or o	bther depositories in wh	ich the comm	Number	s funds, holds accounts, rents

5(g) or (h)	). Joint Fundraising	g Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number
	4.		FEC ID number
6. <b>Na</b>	me of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponsor
Ľ		CTORY 2024	
L			
	Mailing Address	120 MARYLAND AVE NE	
	Relationship:		STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint I	Fundraising Representative
8. <b>Des</b>	signated Agent: Identify	by name, address (phone number – optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
			ephone Number
9. <b>Ba</b> i	nks or Other Depositor	ies: List all banks or other depositories in which t	ne committee deposits funds, holds accounts, rents
	ety deposit boxes or mai		
	me of Bank, pository, etc.		
	Mailing Address		

5(g) or (h	n). Joint Fundraising	Participant:			
	1.			FEC ID number	С
	2.			FEC ID number	С
	3.			FEC ID number	С
	4.			FEC ID number	C
		Organization, Affiliated Committe	e, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
L		FUND 2024			
L					
	Mailing Address	5130 S FORT APACHE RD			
		STE 215-382			
		LAS VEGAS			89148
	Relationship:			STATE ▲	
	Connected	Organization Affiliated Commi		undraising Representa	ative Leadership PAC Sponsor
	Connected	Annialed Comm		indraising nepresenta	Leadership FAC Sponsor
8. <b>De</b>	signated Agent: Identify	by name, address (phone numbe	r – optional)		
8. <b>De</b>	esignated Agent: Identify	by name, address (phone numbe	r – optional)		
8. <b>De</b>		by name, address (phone numbe	r — optional)		
8. <b>De</b>	Full Name	by name, address (phone numbe	r — optional)		
8. De	Full Name	by name, address (phone numbe	r – optional)		
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8. De	Full Name			→ → → → → → → → → → → → → → → → → → →	
8. De	Full Name				
9. <b>Ba</b>	Full Name			phone Number	
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9. <b>Ba</b> saf	Full Name			phone Number	s funds, holds accounts, rents

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5(g) or	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6. N	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	, or Leadership PAC Sponsor
		CHAR ROSEN 2024 STATE VICTORY FUND		
	Mailing Address	401 2ND AVE S STE 303		
		1		
		SEATTLE	WA	98104
	Relationship:		STATE	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
_				
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
8. D		by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name			└ · · · · · · · · · · · · · · · · · · ·
8. D	Full Name			└ · · · · · · · · · · · · · · · · · · ·
9. <b>E</b>	Full Name		phone Number	
9. <b>E</b> s	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. <b>E</b> s	Full Name		phone Number	
9. <b>E</b> s	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         Banks of Bank,         Depository, etc.		phone Number	
9. <b>E</b> s	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         Banks of Bank,         Depository, etc.		phone Number	

1.										
					FEC ID	number	С			
2.					FEC ID	number	С			
3.					FEC ID	number	С			
4.					FEC ID	number	С			
Name of Any Con	nnected Organiz	zation, Affilia	ated Committee,	Joint Fundra	aising Repr	esentative	, or Lea	adership	PAC Sp	onsor
NV WA 2024 V		1D								
Mailing Addre	ess 401 2	2ND AVE S								
	STE	303								
	SEA	TTLE				WA	98	104	-	
Relationship:	:		CITY 🔺					ZIP		
С	Connected Organiz	zation	Affiliated Committee	e 🗙 Joint	Fundraising	Representa	tive	Leader	ship PAC	Sponsor
Designated Agent	t: Identify by nam	ne, address	(phone number –	optional)						
Designated Agent	t: Identify by nam	ne, address	(phone number –	optional)						1 1
	<u> </u>	ne, address	(phone number -	optional)						
Full Name	<u> </u>	ne, address	(phone number –	• optional)						
Full Name	<u> </u>	ne, address	(phone number	• optional)						
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2.				FE	EC ID number	С		
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Name of	Any Connected	Organization,	Affiliated Committee, Jo	oint Fundraising	g Representative	e, or Leader	ship PAC Sp	oonsor
MT N		ND						
		611 PENNS	YLVANIA AVE SE					
Ма	iling Address							
		SUITE 143						
		WASHINGT	ON			20003		
Re	lationship:		CITY 🔺		STATE A		ZIP CODE	<b></b>
	Connected	Organization	Affiliated Committee	× Joint Fund	aising Representa	ative Le	adership PAC	C Sponsor
Designat	ted Agent: Identify	by name, add	ress (phone number – op	ptional)				
Full 1	Name	by name, add	ress (phone number – op	ptional)				
Full 1		by name, add	ress (phone number – op	ptional)				
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Full Mailin	Name				I I I I I I I I I I I I I I I I I I I			
Full Maiilin TITL	Name	<pre></pre>	CITY ▲	Telepho	ne Number			
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5(g) or	r(h). Joint Fundraising	g Participant:	_	
	1.		FEC ID number	;
	2.		FEC ID number	)
	3.		FEC ID number	;
_	4.		FEC ID number	
6. I	-	Organization, Affiliated Committee, Joint Fundrai	sing Representative, c	or Leadership PAC Sponsor
	Dina Titus Victory Fun	nd 		
	Mailing Address	PO Box 15320		
		Washington		20003
	Relationship:		STATE A	ZIP CODE
_	Connected	Organization Affiliated Committee X Joint F	undraising Representative	e Leadership PAC Sponsor
8. <b>[</b>	Designated Agent: Identify	by name, address (phone number - optional)		
8. <b>[</b>	Designated Agent: Identify	by name, address (phone number – optional)		
8. <b>[</b>		by name, address (phone number – optional)		
8. <b>[</b>	Full Name	by name, address (phone number - optional)		
8. <b>[</b>	Full Name	by name, address (phone number – optional)		
8. <b>[</b>	Full Name			<pre></pre>
8. I	Full Name		STATE	ZIP CODE
9. 6	Full Name Mailing Address TITLE OR POSITION		phone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mai		phone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or mail		phone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mai		phone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or mail         Name of Bank,         Depository, etc.		phone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or mail         Name of Bank,         Depository, etc.		phone Number	

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5(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
6. <b>Name</b>	e of Any Connected C	rganization, Affiliated Com	mittee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Mailing Address		ET SE		
		WASHINGTON			20003
	Relationship:	CITY	∕▲	STATE A	ZIP CODE
	Connected	Organization Affiliated Co	ommittee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone nu	mber – optional)		
	ull Name	by name, address (phone nu	mber – optional)		
Fu		by name, address (phone nu	mber - optional)		
Fu	ull Name	by name, address (phone nu	mber – optional)		
Fu	ull Name	by name, address (phone nu	mber – optional)		
Fu	ull Name			└	
Fu	ull Name			STATE	· · · · · · · · · · · · · · · · · · ·
Fu M 1  9. <b>Banks</b>	ull Name	CITY		ephone Number	
9. Banks safety	ailing Address	CITY		ephone Number	
Fu M 9. <b>Banks</b> safety Name	ull Name	CITY		ephone Number	
Fu M 9. <b>Banks</b> safety Name	Address	CITY		ephone Number	
Fu M 9. <b>Banks</b> safety Name	Address	CITY		ephone Number	
Fu M 9. <b>Banks</b> safety Name	Address	CITY		ephone Number	

(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	C
4.				FEC ID number	С
Name o	f Any Connected (	Organization, Affiliated 0	Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
THR	EE FOR THE MA				
·		600 PENNSYLVANIA A	VE SE #15180		
Ma	ailing Address				
		WASHINGTON			
Re	elationship:			STATE 🔺	ZIP CODE A
	Connected	Organization Affiliate	ed Committee	t Fundraising Representa	ative Leadership PAC Sponsor
Full	Name				
Maili	ing Address				
		1			-
тіт	LE OR POSITION	C	ITY A	STATE A	ZIP CODE 🔺
		•	<b>.</b>	elephone Number	-   -
			· · · · · · · · · · · · · · · · ·		
Banks o	or Other Depositor	ine: List all banks or othe	or donositorios in which	the committee deposit	s funds, holds accounts, rents
safety de	eposit boxes or mai	ntains funds.			
Name of Deposito					
N	lailing Address				
		I.			