Image# 202404039627461602				PAGE 1 / 9
FEC FORM 1	STATEMEI ORGANIZ	_		
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	5
Nevada Republica	n Central Committ			
ADDRESS (number and street)	840 S. Rancho Dr. Suite 4-80)0 		
(Check if address is changed)				
	Las Vegas		NV	89106-3837
	CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
 (Check if address is changed) 	henrietta.tow@aristotle.cor	n 		
	Optional Second E-Mail Ad outsourcing@aristotle.com	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL) www.nevadagop.org			
is changed)				
2. DATE 04 0				
3. FEC IDENTIFICATION N		00082925		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief	it is true. correc	t and complete.
-		, ,		·
ype or Print Name of Treasure	r Njus, Kathryn, M., ,			
Signature of Treasurer Njus	, Kathryn, M., ,		Date 04	M / D D / Y Y Y 4 03 2024
NOTE: Submission of false, erron		may subject the person signin TION SHOULD BE REPORTE	-	
Office Use		For further information Federal Election Commi Toll Free 800-424-9530	contact:	FEC FORM 1 (Revised 06/2012)

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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 campaig information below.)	n committee. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House Senate	President District
(c) This committee supports/opposes only one candidate, and is NOT an author	ized committee.
Name of Candidate	
 (d) This committee is a STA (National, State or subordinate) committee of the Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization) 	(Democratic, Republican, etc.) Party on on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stoc	k 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 committee. (i.e., nonconnected committee)	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 sponsor	on line 6.)
(g) This committee is an independent expenditure-only political committee (Supe	r PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contri	bution 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.

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Write or Type Committee Name

Nevada Republican Central Committee

Name of Any Connected Or	ganization, Affiliated	Committee, Jo	nt Fundraising	Representative, or L	eadership PAC Sponsor
Mailing Address	138 Conant St				
	Ste. 2				
	Beverly				01915-
		CITY 🔺		STATE A	ZIP CODE
Relationship: Connected (Drganization Affilia	ted Organization	X Joint Fund	draising Representative	Leadership PAC Sponsor
	Trump Victory	Trump Victory Mailing Address Ste. 2 Beverly	Trump Victory Mailing Address Ste. 2 Beverly CITY	Trump Victory Mailing Address 138 Conant St Ste. 2 Beverly CITY ▲	Mailing Address 138 Conant St Ste. 2

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

Phillips, Ju	stin, , ,
Full Name	
Mailing Address	205 Pennsylvania Ave SE
	Washington DC 20003-1164
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 517 575 8036

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	Njus, Kathryn, M., ,
Mailing Address	1455 Westwind Rd
	Las Vegas NV 89146-1334 -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 702 271 2823

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Full Name of Designated Agent	Hindle III, D James, , ,
Mailing Address	PO Box 122
	Virginia City NV 89440-0122
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Designated Agen	Telephone number 773 - 647 - - 0736

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 O	f Nevada		
Mailing Address	8505 Centennial Parkway		
	Las Vegas	NV 89149	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depository,	etc. Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean _	VA 22101	
	CITY 🔺	STATE A	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

To Update the Name of a Joint Fundraising Representative

Form/Schedule: Transaction ID:

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

1			FEC	ID number	С			
2.			FEC	ID number	С			
3.			FEC	ID number	С			
4.			FEC	ID number	С			
lame of Any Connected	Organization, Affiliate	d Committee, Joint	Fundraising R	epresentativ	e, or Lea	adership	PAC S	ponso
Protect The House 2	024						1 1	1 1
	DO Dev: 20044							
Mailing Address	PO Box 30844							
	Dathaada		1		20	824-0844	_	
	Bethesda			· · · · · · · · · · · · · · · · · · ·				
	d Organization		Joint Fundrais	STATE ▲	ative	-	CODE	
	d Organization	iated Committee	_			-		
Connecter resignated Agent: Identit	d Organization	iated Committee	_		ative	-		
Connecteresignated Agent: Identit	d Organization	iated Committee	_		ative	-		
Connecteresignated Agent: Identit	d Organization	iated Committee	_		ative	-		
Connecter resignated Agent: Identif Full Name Mailing Address	d Organization	iated Committee	_		ative	Leade		
Connecteresignated Agent: Identit	d Organization		_	Ing Represent	ative	Leade	rship PA	

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

5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	228 S Washington St		
		Ste 115		
	Deletionelsie	Alexandria		
	Relationship:		STATE A	ZIP CODE
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			
8.	Full Name			
8.	Full Name		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
	Full Name		ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY ▲ CITY ▲ CITY ▲ Tele ries: List all banks or other depositories in which th intains funds.	ephone Number	– –
	Full Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or ma Name of Bank,		ephone Number	– –
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		ephone Number	– –

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

5(g) or (h)	. Joint Fundraising	g Participant:	
	1.		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number
6. Na r	me of Any Connected (Organization Affiliated Committee Joint Fundra	ising Representative, or Leadership PAC Sponsor
	Grow The Majority		ising representative, of Leadership FAC Sponsor
	Mailing Address	228 S Washington St	
		Ste 115	
			VA 22314-5404 -
	Relationship:	CITY 🔺	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative
	signated Agent: Identify	by name, address (phone number - optional)	
	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
		1	ephone Number
	nks or Other Depositor ety deposit boxes or mai		ne committee deposits funds, holds accounts, rents
	ne of Bank, pository, etc.		
	Mailing Address		
		1	

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

(h). Joint Fundraisi	•									
1.					FEC I	D number	С			
2.					FEC I	D number	С			
3.					FEC I	D number	С			
4.					FEC I	D number	С			
lame of Any Connected	Organization	Affiliated C	ommittee .l	oint Fund	raising Re	nresentativ	e or Lu	eadersh	in PAC	Snons
Trump 47 Committee										
Mailing Address	PO Box 509									
										1 1
	Arlington						2	2216-050)9	
Relationship:		C				STATE ▲		ZI		
	d Organization y by name, addi		d Committee		t Fundraisir	ng Representa	ative	Lead	lership P	AC Spc
Connecte	_				t Fundraisir	ng Representa	ative		lership P	AC Spo
Connecte	_				t Fundraisir	ng Representa	ative		lership P	AC Spc
Connecteresignated Agent: Identif	_				t Fundraisir	ng Represent	ative		lership P	AC Spo
Connecteresignated Agent: Identif	_				t Fundraisir	ng Represent	ative	Leac	lership P	AC Spc
Connecter resignated Agent: Identif Full Name Mailing Address	y by name, add	ress (phone			t Fundraisir	g Representa			lership P	
Connecter resignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, add	ress (phone	• number – c	optional)	t Fundraisir					
Connecter resignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, add	ress (phone	• number – c	optional)						
Connecter resignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, add	ress (phone	e number – c	pptional)		STATE				
Connecter resignated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or m	y by name, add	ress (phone	e number – c	pptional)		STATE				
Connecter resignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, add	ress (phone	e number – c	pptional)		STATE				
Connecter resignated Agent: Identif Full Name Mailing Address TITLE OR POSITION Fanks or Other Depositor afety deposit boxes or m lame of Bank,	y by name, add	ress (phone	e number – c	pptional)		STATE				
Connecter Pesignated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or m lame of Bank, Depository, etc	y by name, add	ress (phone	e number – c	pptional)		STATE				
Connecter Pesignated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or m lame of Bank, Depository, etc	y by name, add	ress (phone	e number – c	pptional)		STATE				