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. Committee to Elect David Flippo 6950 O'Bannon Drive, Suite 100 ADDRESS (number and street) (Check if address is changed) Las Vegas NV89117 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address flippofec@mcshanellc.com is changed) Optional Second E-Mail Address treasurer@jeffwald.net COMMITTEE'S WEB PAGE ADDRESS (URL) https://electdavidflippo.com/ (Check if address is changed) DATE 2023 C00830471 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 Wald, Jeffrey, , 10 23 2023 Signature of Treasurer Wald, Jeffrey, , , 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

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TYPE OF COMMITTEE:						
Candidate Committee:						
(a) X 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 Flippo, David, , ,						
Candidate Office Sought: X House Senate President	State NV District 04					
(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 Republica	tic, n, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:					
Corporation Corporation w/o Capital Stock Labor	Organization					
Membership Organization Trade Association Coope	rative					
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.						
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						
1C						

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٧	Vrite or Type Committee Name	act David Elippa		
6.	Committee to Elect David Flippo  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor			
	NONE			
	Mailing Address			
	_	CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint	t Fundraising Represer	ntative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) ar	nd position of the person	on in possession of committee
	Wald, Jeffre	<del>?</del> y, , ,		
	Full Name	P.O. Box 231684		
	Mailing Address			
		Las Vegas	NV NV	89105
	T. D. W.	CITY ▲	STATE A	ZIP CODE ▲
	Title or Position ▼  Treasurer		ephone number	702   -   302   -   4675
8.	<b>Treasurer:</b> 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 Wald, Jeffre of Treasurer	; <b>y</b> , , ,		
	Mailing Address	P.O. Box 231684		
		Las Vegas	NV L	89105
		CITY A	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		ephone number	702

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			
		Telephone number				
Banks or Other Depositori safety deposit boxes or mair	es: List all banks or other depositories in whitains funds.	ch the committee deposits fur	nds, holds accounts, rents			
Name of Bank, Depository, etc.						
Wells Fa	argo Bank, N.A.					
Mailing Address	2501 S Rainbow Blvd.					
	Las Vegas	NV NV	89146			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, 6	etc.					
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			