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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) DREW FOR NEVADA 5325 S FORT APACHE ROAD ADDRESS (number and street) SUITE D-31 (Check if address is changed) LAS VEGAS 89148 NVCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address COMPLIANCE@AXCAPTEAM.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) DREWFORNEVADA.COM (Check if address is changed) DATE 05 2023 C00839670 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 PHILLIPS, ROBERT, , , III PHILLIPS, ROBERT, , , III 11 03 2024 Signature of Treasurer 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. **FEC FORM 1**

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-034-1100

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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 information below.)	the candidate
Name of Candidate JOHNSON, DREW, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State NV District 03
(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 Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	· Organization
	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ated 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 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1	

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٧	Write or Type Committee Name			
_	DREW FOR NE	VADA		
6.	<u>-</u>	rganization, Affiliated Committee, Join	nt Fundraising Representa	ative, or Leadership PAC Sponsor
	Drew for NV-03 Repu	ublican Nominee Fund 2024	<u> </u>	<u>. , , , , , , , , , , , , , , , , , , ,</u>
	Mailing Address	PO BOX 9891		
			<u>. </u>	<u> </u>
		ARLINGTON	VA	22219
		CITY ▲	STAT	ZIP CODE ▲
	Deletional i			
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Repre	esentative Leadership PAC Spons
_				
7.		ify by name, address (phone number o	ptional) and position of the p	person in possession of committee
	books and records.			
		ROBERT, , , III		
	Full Name	,555 METRO PL N		
	Mailing Address			
		STE 525		
		DUBLIN	OH	43017
		CITY ▲	STAT	E ▲ ZIP CODE ▲
	Title or Position ▼	CII I A	SIAI	L = ZIF CODE A
	CUSTODIAN OF RECORDS	, , , , , , , , , , , , , , , , , , ,	Tolonberg	202 866 8229
			Telephone number	
	Treasurer: List the name and	d address (phone number optional) o	of the treasurer of the some	nittee: and the name and address of
J.	any designated agent (e.g., a		acadaror or the Confil	
	Full Name PHILLIPS,	ROBERT, , , III		
	of Treasurer			
	Mailing Address	555 METRO PL N		
		STE 525		
		DUBLIN	l Ot	H 43017
	Title or Position —	CITY ▲	STAT	E ▲ ZIP CODE ▲
	Title or Position ▼			. 202
	TREASURER		Telephone number	202 866 8229

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	Full Name of Designated Agent Mailing Address	WADSWORTH, HALEY, , , , , , , , , , , , , , , , , , ,	
	Title or Position		P CODE ▲
	DEPUTY TREAS	SURER Telephone number	
9.		Depositories: List all banks or other depositories in which the committee deposits funds, holds a xes or maintains funds.	ccounts, rents
	Name of Bank, D	Depository, etc.	
	Mailing Address	CAPITAL BANK 2275 RESEARCH BOULEVARD ROCKVILLE MD 20850	
		CITY ▲ STATE ▲ ZII	P CODE ▲
	Name of Bank, D	Depository, etc.	
	Mailing Address		
	ag / .a.a. eee		
		CITY ▲ STATE ▲ ZII	P CODE ▲

FEC Form 1S (Revised 02/2017)

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

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1. 📖						
				FEC ID	number	С
2. 🔲				FEC ID	number	C
3. 🗔				FEC ID	number	C
4.				FEC ID	number	С
Name of	Any Connected C	Organization, Affilia	ited Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spons
	DA VICTORY FU					
Mail	ling Address	320 1ST STREET	, SE			
		WASHINGTON		1	DC	20003
Rela	ationship:		CITY A		STATE A	ZIP CODE ▲
esignate	ed Agent: Identify	by name, address ((phone number – optior	al)		
Pesignate Full N		by name, address ((phone number – optior	al)	1 1 1	
Full N		by name, address ((phone number – option	nal)		
Full N	lame	by name, address ((phone number – option	nal)		
Full N	lame	by name, address ((phone number – option	nal)		
Full N	lame		(phone number – option		STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
		-	
-	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
GROW THE MAJOR	RITY NOMINEE FUND:NV-03		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	, , , , VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optional)	
Designated Agent: Ident	ify by name, address (phone number – optional)	
	ify by name, address (phone number – optional		
Full Name	ify by name, address (phone number – optional		
Full Name	ify by name, address (phone number – optional		
Full Name	CITY	STATE A	ZIP CODE A
Full Name _ _ Mailing Address TITLE OR POSITIO	CITY		ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	
Full Name	CITY ▲ Cories: List all banks or other depositories in wh	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ Cories: List all banks or other depositories in when aintains funds.	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes.	CITY ▲ Cories: List all banks or other depositories in when aintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or not be safety deposited.	CITY ▲ Cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes.	CITY ▲ Cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	s funds, holds accounts, rents