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) is changed) over the lines. Nevada Republican Central Committee 840 S. Rancho Dr. Suite 4-800 ADDRESS (number and street) (Check if address is changed) Las Vegas 89106-3837 NVCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address henrietta.tow@aristotle.com is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.nevadagop.org (Check if address is changed) DATE 2025 C00082925 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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 Njus, Kathryn, M., Date 05 15 2025 Signature of Treasurer Njus, Kathryn, M.,, 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

FEC F	orm 1	I (Revised 03/2022)	Page 2
. TY	PE O	F COMMITTEE:	
Ca	andid	ate 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 campaign committee. (Complete information below.)	the candidate
	Name Candid		
	Candid Party A	date Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Namo Cano	e of didate	
Pa	rty C	Committee:	
(d)	X	This committee is a STA (National, State or subordinate) committee of the REP Republica	tic, n, etc.) Party
Po	olitica	al Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ted organization is a:
		Corporation Corporation w/o Capital Stock Labor	Organization
		Membership Organization Trade Association Coope	_
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ed 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)	П	This committee is an independent expenditure-only political committee (Super PAC).	
(9)	н	In addition, this committee is a Lobbyist/Registrant PAC.	
(b)	П	_	24.0)
(h)	Ш	This committee is a political committee with both contribution and non-contribution accounts (Hybrid I	-AC).
		In addition, this committee is a Lobbyist/Registrant PAC.	
Jo	int F	undraising 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.	or more political
(j)		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.	or more political
	Comr	mittees Participating in Joint Fundraiser	
	1	C	
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I	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Nevada Republic	can Central Committee		
6.		ganization, Affiliated Committee, Joint F	Fundraising Representa	tive, or Leadership PAC Sponsor
	Trump Victory			
	Mailing Address	138 Conant St		
		Ste. 2		
		Beverly	MA MA	01915-
		CITY ▲	STATE	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repre	sentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optio	nal) and position of the p	erson in possession of committee
	Phillips, Jus	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 any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the comm	ittee; and the name and address of
	Full Name Njus, Kathr	yn, M., ,		
	of Treasurer			
	Mailing Address	1455 Westwind Rd		
		Las Vegas	NV	89146-1334
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	702 - 271 - 2823

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Hindle III, D James, , ,	1 1 1 1 1 1 1 1	
Mailing Address	PO Box 122		
	Virginia City	NV L	89440-0122
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Age	nt	one number 775	
Banks or Other safety deposit b	• Depositories: List all banks or other depositories in which the coxes or maintains funds.	ommittee deposits func	ds, holds accounts, rents
Name of Bank,	Depository, etc.		
	Bank Of Nevada	<u> </u>	
Mailing Address	8505 Centennial Parkway		
	Las Vegas	NV L	89149
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA	22101
	CITY A	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

To remove a Joint Fundraiser.

Form/Schedule: Transaction ID:

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Protect The House 2	2024 		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which reaintains funds. Fargo Wells Fargo Bank	STATE A Telephone Number	ZIP CODE A

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

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(h). Joint Fundraisin	g Participant:			
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, Affiliated C	committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
NRSC Victory				
Mailing Address	228 S Washington St			
	Ste 115			
	Alexandria		VA	22314-5404
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
П	Organization Affiliate	d Committee X Join	nt Fundraising Representa	ative Leadership PAC Spon
Full Nome				
Full Name				
Mailing Address				
	CI	TY A	STATE A	ZIP CODE A
Mailing Address	CI	ı	STATE A	ZIP CODE A

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Grow The Majority			
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	y by name, address (phone number – optional))	
esignated Agent: Identi	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			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rent

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

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1				FEC II	O number	C	
2		<u> </u>		FEC II	O number	С	
3				FEC II	O number	С	
4.				FEC II	O number	С	
Name of	Any Connected	Organization, Aff	iliated Committee, Joint	Fundraising Re	presentative	e, or Leadership	PAC Spons
Trum	p 47 Committee						
Ma	illing Address	PO Box 509					
		Arlington			VA	22216-0509	-
			CITY A		STATE A	ZIP	CODE A
		Organization by name, address		Joint Fundraisin		ative Leader	
	Connected		Affiliated Committee			ative Leader	
esignat Full N	Connected		Affiliated Committee			ative Leader	
esignat	Connected ted Agent: Identify		Affiliated Committee			ative Leader	ship PAC Spo
esignat Full N	Connected ted Agent: Identify		Affiliated Committee			ative Leader	
esignat Full N Mailir	Connected ted Agent: Identify	by name, addres	Affiliated Committee	nal)			