



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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08/07/2015 #1009

Office of the
Secretary of State
Barbara K. Cegavske
Barbara K. Cegavske
Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

New Registration PAC (Advocating Passage or Defeat of a Ballot Question)
 Annual (Due on or before January 15th of each year; NRS 294A.230(3)(b))
 Amended Registration: Change Officers Change Registered Agent Change Address
check all that apply
 Change Name _____
Previous Name of PAC
 Other: INACTIVE

Name of Committee: _____ Telephone: _____
LABORERS POLITICAL LEAGUE 702-452-4440

Mailing Address:
2345 RED ROCK STREET LAS VEGAS NV 89146
Street Name, Number City State Zip Code

PAC Active Email Address: TOM@LOCAL872.COM

PURPOSE: Briefly state the purpose for which the PAC was organized.
EDUCATION AND GOTV

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: _____ Telephone: _____
Thomas Morley 702 528-4600
Physical Address: _____
2345 Red Rock St Las Vegas NV 89146
Street Name, Number City State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

_____ Date: 8/4/2015
Signature of Registered Agent



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Telephone:
 THOMAS MORLEY 702-528-4600

Mailing Address:
 2345 RED ROCK STREET LAS VEGAS NV 89146
Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

SUBMITTED BY:

X *Tom Morley* Printed Name: Tom Morley Date: 8/9/15 Telephone: 702-528-4600
Signature of Representative of Group