



BARBARA K. CEGAVSKE  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-3714  
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Office of the  
 Secretary of State  
*Barbara Cegavske*  
 Barbara Cegavske  
 Elections Division

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

JStokes  
 1/12/2016

#1660

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(4)(b))
- Amended Registration:       Change Officers       Change Registered Agent       Change Address  
 check all that apply
- Change Name  
 Previous Name of PAC \_\_\_\_\_
- Other: \_\_\_\_\_

Name of Committee: LCV Political Engagement Fund      Telephone: 202-785-8683

Mailing Address:  
1920 L Street NW, Suite 800      Washington      DC 20036  
 Street Name, Number      City      State      Zip Code

PAC Active Email Address: outsourcing@aristotle.com

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
To provide grants to other Nevada non-candidate political committees

**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: Angeline Peterson      Telephone: 775-848-4987

Physical Address:  
816 Calle Myriam      Sparks      NV 89436  
 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.

SIGNATURE ON FILE      Date: 01/11/2016  
 Signature of Registered Agent



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**State of Nevada**  
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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:** \_\_\_\_\_  
 Patrick Collins, Treasurer 202-785-8683

**Mailing Address:** \_\_\_\_\_  
 1920 L Street NW, Suite 800 Washington DC 20036  
 Street Name, Number City State Zip Code

**Officer Name and Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
 Gene Karpinski, President 202-785-8683

**Mailing Address:** \_\_\_\_\_  
 1920 L Street NW, Suite 800 Washington DC 20036  
 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:** \_\_\_\_\_  
 League of Conservation Voters, Inc. 202-785-8683

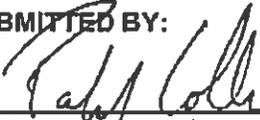
**Mailing Address:** \_\_\_\_\_  
 1920 L Street NW, Suite 800 Washington DC 20036  
 Street Name, Number City State Zip Code

**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  **Printed Name:** Patrick Collins **Date:** 01/11/2016 **Telephone:** 202-785-8683  
 Signature of Representative of Group