

No. 2872 P. 1



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Elections Division  
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Office of the  
Secretary of State  
*Barbara Cegavske*  
Barbara Cegavske  
Elections Division

JStokes  
10/18/2016 #1870

State of Nevada  
**Committee for Political Action  
(PAC)**  
Registration Form  
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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
- Other: Reactivate

Name of Committee: California State Council of Laborers PAC Telephone: (916)442-2952

Mailing Address: 555 Capitol Mall, Suite 1425 Sacramento CA 95814  
Street Name, Number City State Zip Code

PAC Active Email Address: info@olsonhagcl.com

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

To support and oppose candidates.

**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: Armando Rodriguez Telephone: (775)856-0169

Physical Address: 570 Reactor Way Reno NV 89431  
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.

*X Armando Rodriguez* Date: 9-20-2016  
Signature of Registered Agent



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
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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:** Armando Esparza, Treasurer  
**Telephone:** (626)350-6900  
**Mailing Address:** 4399 Santa Anita Avenue, Suite 205  
 Street Name, Number El Monte CA 91731  
 City State Zip Code

**Officer Name and Title:** Oscar De La Torre, President  
**Telephone:** (916)447-7018  
**Mailing Address:** 1121 L Street, Suite 502  
 Street Name, Number Sacramento CA 95814  
 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:** California State Council of Laborers  
**Telephone:** (916)447-7018  
**Mailing Address:** 1121 L Street, Suite 502  
 Street Name, Number Sacramento CA 95814  
 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:**

 Printed Name:

Date: Telephone:

Signature of Representative of Group