



BARBARA K. CEGAVSKE
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 SECRETARY OF STATE
 ELECTIONS DIVISIONS
 #1884

**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 Change Address
 Previous Name of PAC
- Other:

Name of Committee: Northern Nevada Central Labor Council COPE Telephone: 775-331-5570

Mailing Address: 1819 Hymer Ave Sparks NV 89431
 Street Name, Number City State Zip Code

PAC Active Email Address: nnclc@sbcglobal.net

PURPOSE: Briefly state the purpose for which the PAC was organized.
 For advancement of workers issues.

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: Michael Pilcher Telephone: 775-331-5570

Physical Address: 1819 Hymer Ave Sparks 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.

Michael Pilcher Date: 4/25/15
 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: Michael Pilcher President **Telephone:** 775-331-5570

Mailing Address:
 1819 Hymer Ave Sparks NV 89431
 Street Name, Number City State Zip Code

Officer Name and Title: Elizabeth Sorenson **Telephone:** 775-331-5570

Mailing Address:
 1819 Hymer Ave Sparks NV 89431
 Street Name, Number City State Zip Code

Officer Name and Title: Robert Benner **Telephone:** 775-331-5570

Mailing Address:
 1819 Hymer Ave Sparks NV 89431
 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
 Signature of Representative of Group

Printed Name:
 Robert Benner

Date:
 4/25/15

Telephone:
 775-331-5570