



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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*KRut*  
 05/05/2014 #1914

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:

Name of Committee:  Self Insurer PAC      Telephone:  7027404380

Mailing Address:  175 E Reno Avenue Suite #C-9       Las Vegas       NV       89119  
 Street Name, Number      City      State      Zip Code

PAC Active Email Address:  LarryBradley@pgmnv.com

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

The Self Insurers PAC is created for the purpose of promoting the goals of self insurers for workers compensation and guest liability.

**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:  Larry Bradley C/O Progroup Management      Telephone:  7027404380

Physical Address:  175 East Reno Suite C-9       Las Vegas       NV       89119  
 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.

*Larry Bradley*      Date:  5/1/15  
 Signature of Registered Agent



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 Page 2

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

<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Larry Bradley, President		7027404380	
<b>Mailing Address:</b>			
175 East Reno Suite C9	Las Vegas	NV	89119
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Tina Sanchez, Vice President		7026929586	
<b>Mailing Address:</b>			
71 East Harmon Ave	Las Vegas	NV	89109
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Kim Forbes, Secretary		7023252720	
<b>Mailing Address:</b>			
7301 W Peak Drive Suite 150	Las Vegas	NV	89128
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

<b>Officer Name and Title:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

**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).

<b>Name of Organization:</b>		<b>Telephone:</b>	
Nevada Self-Insurers Association		7027404380	
<b>Mailing Address:</b>			
PO Box 34197	Las Vegas	NV	89133-4197
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

**SUBMITTED BY:**

<b>X</b>	<b>Printed Name:</b>	<b>Date:</b>	<b>Telephone:</b>
	Kim Forbes	5/1/15	7023252720

Signature of Representative of Group