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

JStokes
1/11/2016
#1928

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: check all that apply ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
☐ Change Name _____ Previous Name of PAC
☐ Other: _____

Name of Committee: DRIVE - Democrat, Republican, Independent Voter Education
Telephone: 202-624-6821

Mailing Address: 25 Louisiana Avenue, NW (Street Name, Number) Washington (City) DC (State) 20001 (Zip Code)

PAC Active Email Address: dbennett@teamster.org

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

Contributions to support candidates for local, state and federal offices.

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: Mark W. Shumar
Telephone: 202-437-5566

Physical Address: 102 Contrada Fiore Drive (Street Name, Number) Henderson (City) NV (State) 89011 (Zip Code)

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

X Mark W. Shumar
Signature of Registered Agent

Date: 1-8-16

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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: James P. Hoffa, Chairman
Telephone: 202-624-6821
Mailing Address: 25 Louisiana Avenue NW (Street Name, Number) Washington (City) DC (State) 20001 (Zip Code)

Officer Name and Title: Ken Hall, Treasurer
Telephone: 202-624-6821
Mailing Address: 25 Louisiana Avenue NW (Street Name, Number) Washington (City) DC (State) 20001 (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: International Brotherhood of Teamsters
Telephone: 202-624-6821
Mailing Address: 25 Louisiana Avenue NW (Street Name, Number) Washington (City) DC (State) 20001 (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 Ken Hall
Signature of Representative of Group

Printed Name: Ken Hall
Date: 1/7/16
Telephone: 202-624-6821

EL400
Revised: 11-5-15