

BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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Office of the
 Secretary of State

Barbara Cegavske

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 Elections Division

State of Nevada
Committee for Political Action
(PAC)
Registration Form
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JStokes
1/15/2016

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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: _____
 Previous Name of PAC
- Other: _____

Name of Committee: PAC for Nevada Association of Public Safety Officers Telephone: 702 431-2677

Mailing Address:
P.O. Box 90387 Henderson NV 89009
 Street Name, Number City State Zip Code

PAC Active Email Address: timothy360@me.com

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

To lobby and protect the interests of Public Safety Officers in the State of Nevada

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: Timothy O'Neill Telephone: 702 378-2104

Physical Address:
145 Panama Henderson NV 89015
 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.

Timothy O'Neill
 Signature of Registered Agent

Date: 01-15-2016

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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:

Mailing Address:

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

Officer Name and Title:

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:

Mailing Address:

Street Name, Number City State Zip Code

SUBMITTED BY:

Printed Name: Date: Telephone:

X Timothy O'Neill
 Signature of Representative of Group