

BARBARA K. CEGAUSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

RECEIVED

JAN 15 2016

SECRETARY OF STATE
ELECTIONS DIVISION

2201

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(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: Henderson Police Supervisors Association Political Action Committee 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 Henderson Police Supervisors 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 Date: 01-15-2016
 Signature of Registered Agent

BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5706
 Fax: (775) 684-5718
 Website: www.nvsos.gov

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 2

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: 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:

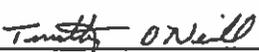
 Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

SUBMITTED BY:

 Printed Name: Date: Telephone:

Signature of Representative of Group