BARBARA K. CEGAVSKE
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

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#23611

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: check all that apply ☐ Change Officers ☐ Change Registered Agent ☐ Change Address

☐ Change Name Previous Name of PAC

☐ Other:

Name of Committee: Leadership Opportunity Fund

Telephone: 702-278-5524

Mailing Address: 5029 Lancaster Drive (Street Name, Number) Las Vegas (City) NV (State) 89120 (Zip Code)

PAC Active Email Address:

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

To identify, educate, and inform future democratic leaders. To enable fledgling democratic leaders to participate in democratic activities. All legal purposes for which a Political Action Committee may organize.

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: Bradley S. Schrager, Esq., Wolf, Rifkin, Shapiro, Schulman & Rabkin, LLP

Telephone: 702 314-5200

Physical Address: 3556 East Russell Road, 2nd Floor (Street Name, Number) Las Vegas (City) NV (State) 89120 (Zip Code)

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

X _____ Date: May 5, 2015

Signature of Registered Agent

EL400.01
Revised: 4-6-15

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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: Venicia Considine, President & Treasurer
Telephone: 702-278-5524
Mailing Address: 5029 Lancaster Drive
Street Name, Number | Las Vegas City | NV State | 89120 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:

X Venicia Considine
Signature of Representative of Group

Printed Name: Venicia Considine
Date: 5/5/15
Telephone: 702-278-5524

EL400 01
Revised 4-6-15