



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
1/08/2016

#2400

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 Change Name Change Name
Previous Name of PAC
- Other:

Name of Committee: Nevada State Association of Electrical Workers Telephone:

Mailing Address: 808 N Lamb Blvd Las Vegas NV 89110
Street Name, Number City State Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.
To support local candidates for public office.

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: Jeremy Newman Telephone: 702-457-3011

Physical Address: 808 N Lamb Blvd Las Vegas NV 89110
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.

Jeremy Newman Date: 1-8-16
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).

Officer Name and Title: _____ Telephone: _____

Al Davis _____ 702-459-7050

Mailing Address: _____

808 N Lamb Blvd _____ Las Vegas _____ NV 89110
 Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____

John Seymour _____ 775-329-2566

Mailing Address: _____

2713 East 4th Street _____ Reno _____ NV 89512
 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: _____

Ibew 357 _____ 702-452-9357

Mailing Address: _____

808 N Lamb Blvd _____ Las Vegas _____ NV 89110
 Street Name, Number _____ City _____ State Zip Code

Name of Organization: _____ Telephone: _____

Ibcw396 _____

Mailing Address: _____

3520 Boulder Hwy _____ Las Vegas _____ NV 89121
 Street Name, Number _____ City _____ State Zip Code

Name of Organization: _____ Telephone: _____

Ibew401 _____

Mailing Address: _____

2713 East 4th Street _____ Reno _____ NV 89512
 Street Name, Number _____ City _____ State Zip Code

SUBMITTED BY:

X _____ Printed Name: _____ Date: _____ Telephone: _____
 Signature of Representative of Group _____ Jeremy Newman _____ 1-8-16 _____ 702-467-3011

Signature of Representative of Group