



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*  
Barbara Cegavske  
Elections Division

JStokes  
7/27/2016 #3591

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:  Telephone:

Mailing Address:      
Street Name, Number City State Zip Code

PAC Active Email Address:

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

**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:  Telephone:

Physical Address:      
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.

*Michael Kinney*  
Signature of Registered Agent Date:



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**State of Nevada**  
**Committee for Political Action**  
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 Page 2

**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Rocco Davis, Treasurer		(916)604-5576	
<b>Mailing Address:</b>			
4044 North Freeway Blvd.	Sacramento	CA	95834
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Armando Esparza, Assistant Treasurer		(626)350-6900	
<b>Mailing Address:</b>			
4399 Santa Anita Avenue, Suite 205	El Monte	CA	91731
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Ramon Hernandez, Principal Officer		(916)604-5576	
<b>Mailing Address:</b>			
4044 North Freeway Blvd.	Sacramento	CA	95834
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Adrian Esparza, Principal Officer		(916)604-5576	
<b>Mailing Address:</b>			
4044 North Freeway Blvd.	Sacramento	CA	95834
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

**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).

<b>Name of Organization:</b>		<b>Telephone:</b>	
Laborers Pacific Southwest Regional Organizing Coalition			
<b>Mailing Address:</b>			
4044 North Freeway Blvd.	Sacramento	CA	95834
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

**SUBMITTED BY:**

X

Signature of Representative of Group

Printed Name:

ROCCO DAVIS

Date:

7/27/16

Telephone:

916 604-5576