



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

Office of the  
Secretary of State  
*Barbara Cegavske*  
Barbara Cegavske  
Elections Division

JStokes  
8/30/2016 #3599

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: check all that apply
  - Change Officers
  - Change Registered Agent
  - Change Address
  - Change Name Previous Name of PAC
  - Other:

Name of Committee: UCIC United Construction Industry Council Telephone: 702-528-4600  
 Mailing Address: 2345 Red Rock st<sup>100</sup> Las Vegas NV 89146  
Street Name, Number City State Zip Code  
 PAC Active Email Address: Tom@local872.com

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

Education on Construction Industry Issues

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: Thomas White Telephone: 702-498-7001  
 Physical Address: 2345 Red Rock st<sup>100</sup> Las Vegas NV 89146  
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.

X Thomas White Date: 8/30/16  
 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: Thomas Morley Telephone: 702-528-4600  
Mailing Address: 2345 Red Rock St <sup>100</sup> NV 89146  
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:**

Tom Morley Printed Name: Tom Morley Date: 8/30/16 Telephone: 702-528-4600  
Signature of Representative of Group



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check all that apply
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- Other:

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Mailing Address: 2345 Red Rock st #100 Las Vegas NV 89146  
Street Name, Number City State Zip Code

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Physical Address: 2345 Red Rock st #100 Las Vegas NV 89146  
Street Name, Number City State Zip Code

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X Thomas White Date: 8/30/16  
 Signature of Registered Agent



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Officer Name and Title: <i>Thomas Morley</i>	Telephone: <i>702-528-4600</i>
Mailing Address: <i>2345 Red Rock St #100 Las Vegas</i>	State Zip Code: <i>NV 89146</i>
Street Name, Number	City State Zip Code
Officer Name and Title:	Telephone:
Mailing Address:	State Zip Code:
Street Name, Number	City State Zip Code
Officer Name and Title:	Telephone:
Mailing Address:	State Zip Code:
Street Name, Number	City State Zip Code
Officer Name and Title:	Telephone:
Mailing Address:	State Zip Code:
Street Name, Number	City State Zip Code

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Name of Organization:	Telephone:
Mailing Address:	State Zip Code:
Street Name, Number	City State Zip Code
Name of Organization:	Telephone:
Mailing Address:	State Zip Code:
Street Name, Number	City State Zip Code
Name of Organization:	Telephone:
Mailing Address:	State Zip Code:
Street Name, Number	City State Zip Code

**SUBMITTED BY:**  
**X** *Thomas Morley*  
Signature of Representative of Group  
Printed Name: *Thomas Morley* Date: *8/30/16* Telephone: *702-528-4600*