BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Phone: (775) 684-5705
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Office of the Secretary of State
Barbara Cegavske
Barbara Cegavske
Elections Division

JStokes
9/01/2016 #3600

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: UCIC Unified Construction Industry Council
Telephone:

Mailing Address: 2345 Red Rock st #100 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 #100 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
Signature of Registered Agent

Date: 8/30/16

EL400
Revised: 11-5-15

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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 President
Telephone: 702-528-4600
Mailing Address: 2345 Red Rock st #100 Las Vegas NV 89146
Street Name, Number | City | State | Zip Code

Officer Name and Title: Thomas White Vice President
Telephone: 702-498-7001
Mailing Address: 2345 Red Rock st #100 Las Vegas 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

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

EL400
Revised: 11-5-15