



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

**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
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**RECEIVED**

JAN 20 2016 *LM*

SECRETARY OF STATE  
 ELECTIONS DIVISION

# 988

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: \_\_\_\_\_  
 United Food & Commercial Workers Local 711      702-648-7112

Mailing Address: \_\_\_\_\_  
 1201 N. Decatur Blvd., Ste 116      Las Vegas      NV      89108  
 Street Name, Number      City      State      Zip Code

PAC Active Email Address: \_\_\_\_\_

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

To assist candidates who support working people.

**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: \_\_\_\_\_  
 Michael Gittings      702-648-7112

Physical Address: \_\_\_\_\_  
 1201 N. Decatur Blvd., Ste 116      Las Vegas      NV      89108  
 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 Gittings* \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Registered Agent      January 13, 2016



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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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Michael Gittings 702-648-7112

Mailing Address: \_\_\_\_\_  
 1201 N. Decatur Blvd., Ste 116 Las Vegas NV 89108  
 Street Name, Number City State Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Deanna Leivas - Secretary/Treasurer 702-648-7112

Mailing Address: \_\_\_\_\_  
 1201 N. Decatur Blvd., Ste 116 Las Vegas NV 89108  
 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 Michael Gittings Printed Name: Michael Gittings Date: 1/13/16 Telephone: 702-648-7112  
 Signature of Representative of Group