

MBMR



ROSS MILLER  
Secretary of State  
Elections Division  
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10/13/2014

Office of the  
Secretary of State  
  
Ross Miller  
Elections Division

#2439

**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(3)(b))
- Amended Registration:  Change Officers  Change Registered Agent  Change Address  
check all that apply
- Change Name  Change Registered Agent  Change Address
- Other: \_\_\_\_\_  
Previous Name of PAC

Name of Committee: MGM Resorts PAC Telephone: 415-389-6800  
 Mailing Address: 2350 Kerner Blvd., Ste. 250 San Rafael CA 94901  
 Street Name, Number City State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
Advocate for or against ballot questions and/or candidates.

**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: Gregory Riches Telephone: 702-632-6722  
 Physical Address: 3950 Las Vegas Blvd. South Las Vegas NV 89119  
 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.

Signature of Registered Agent

Date: 10/13/14



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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: \_\_\_\_\_  
 Steven S. Lucas \_\_\_\_\_ 415-389-6800  
 Mailing Address: \_\_\_\_\_  
 2350 Kerner Blvd., Ste. 250 San Rafael CA 94901  
 Street Name, Number City State Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 James W. Carson \_\_\_\_\_ 415-389-6800  
 Mailing Address: \_\_\_\_\_  
 2350 Kerner Blvd., Ste. 250 San Rafael CA 94901  
 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 Printed Name: James W. Carson Date: 10/13/14 Telephone: 415-389-6800  
 Signature of Representative of Group