



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

H/D
 NEVADA
 SECRETARY OF STATE
 2015 JAN 5 PM 2 14
 K. Rut
 RECEIVED
 CARSON CITY NV
 #925

**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
Previous Name of PAC

Other:

Name of Committee: Telephone:

Mailing Address:

<input type="text" value="570 Reactor Way"/>	<input type="text" value="Reno"/>	<input type="text" value="NV"/>	<input type="text" value="89502"/>
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

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

To influence or attempt to influence the selection, nomination, election or appointment of candidates for State or Local public office and to encourage voter registration, education and participation among the members of Laborers Union Local 169.

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:

<input type="text" value="570 Reactor Way"/>	<input type="text" value="Reno"/>	<input type="text" value="NV"/>	<input type="text" value="89502"/>
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Richard Daly
 Signature of Registered Agent

Date:



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 2

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

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

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:

Richard Daly Printed Name: Date: Telephone:
 Signature of Representative of Group



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 2

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

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 _____

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: _____

Building and Construction Trades Council of Northern Nevada 775-355-9200

Mailing Address: _____

1819 Hymer Ave Sparks NV 89431
 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 *Richard Daly* _____ Printed Name: Richard Daly Date: 1/05/2015 Telephone: 775-856-0169

Signature of Representative of Group