Committee for Political Action (PAC) Registration Form

~~327~~ 764

State of Nevada

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) ☐ New registration ☒ Amended registration (if amended list reason)

REASON FOR AMENDMENT: ☒ Change in officers ☒ Change resident agent

☐ Other _____

NAME OF COMMITTEE: LVCEA-PAC

Mailing Address: 857 N. EASTERN

LAS VEGAS NV 89101 (702) 647-6606

City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)
TO SUPPORT CANDIDATES THAT HAVE THE CEA MEMBER-SHIP'S BEST INTERESTS IN MIND.

RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: DERECK HIBBLER

Mailing Address: 5850 GREYWOOD WAY

NORTH LAS VEGAS, NV 89031 (702) 646-3082

City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, DERECK HIBBLER, hereby accept appointment as Resident Agent for the above named committee for political action.

X [signature] 03-04-97

Signature of Resident Agent **Date**

Prescribed by Secretary of State
NRS 294A.230
EL400 (rev. 1/96)

OFFICERS: (Please list the name, title and address of each officer.)

Name	Address
DEREK HIBBLER	5850 GREYWOOD WAY
Title: HOUSE ARREST OFFICER	**City/State/Zip:** NLV, NV 89031
CHRISTINA ERWIN	6785 HAVEN HOLLOW LANE
Title: LICENSE OFFICER II	**City/State/Zip:** LV, NV 89130
KEN FALLINE	4562 EL PLAYA
Title: SENIOR BUYER	**City/State/Zip:** LV, NV 89121
RICHARD INNESS	P.O. BOX 1130
Title: GRAPHIC ARTS CLERK	**City/State/Zip:** LV, NV 89125
TOMMY RICKETTS	4404 NORTE CIRCLE
Title: CARPENTER II	**City/State/Zip:** LV, NV 89130

LON GRASMICK, LICENSE OFFICER II, 3140 S. PIONEER WAY, LV, NV 89117
BETH BROWN, ADMIN. TECH I, 4098 E. BOSTON AVE., LV, NV 89104
JENNIFER BROWN GATTI, ADMIN. ASST., 6644 GATEHOUSE LANE, LV, NV 89108

AFFILIATION: (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

Name of Organization:	Address:
LAS VEGAS CITY EMPLOYEES PROTECTIVE & BENEFIT ASSOCIATION, INC.	857 N. EASTERN LAS VEGAS, NV 89101

Submitted By: DEREK HIBBLER

X [signature]
Name of representative of group

03-04-97
Date

Send Completed Form to:
SECRETARY OF STATE
CAPITOL COMPLEX
CARSON CITY, NEVADA 89710

PHONE: (702) 687-3176 FAX: (702) 687-6913

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NRS 294A.230
EL400 (rev. 1/96)