



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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SECRETARY OF STATE  
ELECTIONS DIVISIONS  
#1025

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: LEGISLATIVE BUSINESS PAC- ANN O'CONNELL Telephone: 702-451-3444

Mailing Address: 7225 MONTECITO CIRCLE LAS VEGAS NV 89120  
Street Name, Number City State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
CONSERVATIVE CANDIDATES CAMPAIGN DONATIONS

**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: ANN O'CONNELL Telephone: 702-451-3444

Mailing Address: 7225 MONTECITO CIRCLE LAS VEGAS NV 89120  
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.

Ann O'Connell  
Signature of Registered Agent

Date: 3-9-2013



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**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: \_\_\_\_\_  
 ANN O'CONNELL - no title 702-451-3444

Mailing Address: \_\_\_\_\_  
 7225 MONTECITO CIRCLE LAS VEGAS NV 89120  
 Street Name, Number City State Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 SANDY TIFFANY - no title 702-596-8075

Mailing Address: \_\_\_\_\_  
 5111 BREAKERS LANE LAS VEGAS NV 89113  
 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** Ann O'Connell  
 Signature of Representative of Group

Date: 3-9-2013

Telephone: \_\_\_\_\_