

NRPVR



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Elections Division
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SECRETARY OF STATE
ELECTIONS DIVISIONS
#2387

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: check all that apply
 - Change Officers
 - Change Registered Agent
 - Change Address
 - Change Name
Previous Name of PAC
 - Other:

Name of Committee: Leadership PAC Telephone: (702) 423-2835

Mailing Address: 10170 West Tropicana Avenue #156-412 Las Vegas NV 89147
Street Name, Number City State Zip Code

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

Support candidates in Nevada

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: David McKeon Telephone: (702) 423-2835

Physical Address: 10170 West Tropicana Avenue #156-412 Las Vegas NV 89147
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: 8/6/2014



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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: David McKeon - Manager		Telephone: (702) 423-2835
Mailing Address: 10170 West Tropicana Avenue #156-412		
Street Name, Number	City Las Vegas	State Zip Code NV 89147
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:

Signature of Representative of Group

Printed Name: David McKeon	Date: 8/6/2014	Telephone: (702) 423-2835
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