



101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-3714  
 Phone: (775) 684-5705  
 Fax: (775) 684-5718  
 Website: www.nvsos.gov

FFIN 2

*KRut*  
 01/06/2015

Office of the  
 Secretary of State  
*Barbara Cegavske*  
 Barbara Cegavske  
 Elections Division

#1510

**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: Professional Fire Fighters of Nevada PAC Fund      Telephone: 702-429-3294

Mailing Address: PO Box 363009      North Las Vegas      NV 89036  
 Street Name, Number      City      State      Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
 Political Action on behalf of the Professional Fire Fighters of 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: Scott M. Gorgon      Telephone: 702-429-3294

Physical Address: 9821 Canterbury Rose Lane      Las Vegas      NV 89134  
 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.

*X Scott M Gorgon*  
 Signature of Registered Agent

Date:  
 January 5, 2015



101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-3714  
 Phone: (775) 684-5705  
 Fax: (775) 684-5718  
 Website: www.nvsos.gov

**COMMISSION FOR THE SECRETARY OF STATE  
 (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:**  
 Scott M. Gorgon  
**Telephone:**  
 702-429-3294

**Mailing Address:**  
 PO Box 363009  
 N. Las Vegas  
 NV 89036  
 Street Name, Number  
 City  
 State Zip Code

**Officer Name and Title:**  
 Raymond McAllister  
**Telephone:**  
 702-429-3294

**Mailing Address:**  
 PO Box 363009  
 N. Las Vegas  
 NV 89036  
 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:**

*XS Scott M Gorgon*  
 Signature of Representative of Group

**Printed Name:**  
 Scott M. Gorgon

**Date:** January 5, 2015  
**Telephone:** 702-429-3294