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01/14/14

Office of the
Secretary of State
[Signature]
Ross Miller
Elections Division

#2261



ROSS MILLER
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Elections Division
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State of Nevada
Committee for Political Action
(PAC)
Registration Form
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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:

Street Name, Number City State Zip Code

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

To enable the members of the Subcontractors' Legislative Coalition to contribute to favored candidates or political parties to ensure the best educated candidates on subcontractor issues are elevated to office.

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:

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.

Mandi L. Lindsay
Signature of Registered Agent

Date: 1/14/14



ROSS MILLER
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 Elections Division
 101 North Carson Street, Suite 3
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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:

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:

Mailing Address:

Street Name, Number City State Zip Code

Name of Organization:

Mailing Address:

Street Name, Number City State Zip Code

SUBMITTED BY:
 Mandi Lindsay **Printed Name:** **Date:** **Telephone:**

Signature of Representative of Group
 EL400.01
 Revised: 8-1-13