



ROSS MILLER
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K. Ruit
SECRETARY OF STATE
ELECTIONS DIVISIONS
#1218

**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: _____ Telephone: _____
Operating Engineers Local Union No. 12 Political Fund 626-792-8900

Mailing Address: _____
150 E. Corson St. Pasadena CA 91103
Street Name, Number City State Zip Code

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

To support or oppose candidates

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: _____
Shawn Kinsey 702-598-1212

Physical Address: _____
360 Shadow Lane Las Vegas NV 89106
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.

Shawn Kinsey Date: 12/02/13
Signature of Registered Agent



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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: 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: 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:

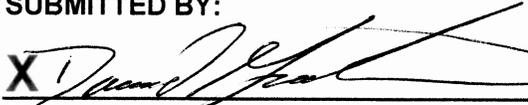
 Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

SUBMITTED BY:

 Printed Name: Date: Telephone:
 Signature of Representative of Group