

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

SIERRA PACIFIC EMPLOYEES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. Box 81500



(Check if address is changed)

ATTN: Kirk Cresto, Treasurer

LAS VEGAS

NV

89180

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jvinski@sierrapacific.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7025790036

2. DATE

M M / D D / Y Y Y Y
03 / 17 / 2008

3. FEC IDENTIFICATION NUMBER

C C00153379

4. IS THIS STATEMENT
- ☒
- NEW (N) OR
- ☐
- AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mr. Kirk CrestoSignature of Treasurer Electronically Filed by Mr. Kirk Cresto

Date

M M / D D / Y Y Y Y
03 / 17 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

SIERRA PACIFIC EMPLOYEES POLITICAL ACTION COMMITTEE

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer**John Vinski**

Mailing Address

6226 W. Sahara Ave.

Title or Position ▼

Las Vegas

CITY ▲

NV

STATE ▲

89146

ZIP CODE ▲

Treasurer

Telephone number

702**367****5827**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE▲ ZIP CODE ▲

Name of Bank, Depository, etc.

[illegible]