FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruc		• •								
		(See Institut	Ztions)					Offic	e use only			
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	ig, type	12FI	E4M5					
SIERRA PAC	IFIC EMPLOY	PES POLITICAL A	стіон со	MMITTEE			ш	ш	ш		ш	
						11					Ш	
ADDRESS (number and	d street)	P.O. Box 81500							ш		ш	
(Chapte if add	draga	ATTN: Kirk Cresto	, Treasure	<b>.</b>	1 1 1 1	1.1	1 1	1 1	1 1 1		1 1	
(Check if addition is changed)	liess	LAS VEGAS			ш	ŅV		<u></u>	89180	<u></u> _	—	
COMMITTEE'S E-MA	AIL ADDRESS		CITY▲			STATE	•		ZIP	CODE	<b>_</b>	
jvinski@sierr												. 1
1	<u> </u>											
							щ	ш	ш			
COMMITTEE'S WEE	B PAGE ADDRE	SS (URL)										
			ш	ш					ш		ш	
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	M / D D	/ Y Y Y Y										
0	3 17	2008										
3. FEC IDENTIFIC	ATION NUMBE	R	C Coo	153379								
4. IS THIS STATE	MENT X	NEW (N) OF		AMENI	DED (A)							
I certify that I have exar	nined this Statem	ent and to the best of my	knowledge ar	d belief it is tr	ue, correct an	nd comple	ete					
Type or Print Name of	of Treasurer	Mr. Kirk Crest	0									
Signature of Treasure	er Electronica	ally Filed by Mr. Kirl	k Cresto			Date	<b>0</b> 3	M /	<b>1</b> 7	/ Y	Ý 0	°0 8
NOTE: Submission of f		or incomplete information			_				f 2 U.S.C	. S437g		
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commiss 0-424-9530			ļ	FEC F	FORN d 02/200		

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	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		Democratic, Republican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
3.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY▲ STATE ▲	ZIP CODE 🛦
	Relationship	ı
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	Membership Organization Trade Association Cooperative	

Page 3

Write or Type Committee Name

SIERRA PACIFIC EMPLOYEES POLITICAL AC	TION	COMMITTEE
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SIERRA PACIFIC EMPL	OYEES POLITICAL ACTION COMN	IIIIEE			
		ber optional), and pos	tion of th	ne person in	
Full Name					
Mailing Address					
Title or Position ▼	CITY A	STAT	EA	ZIP CO	DE A
		Telephone number			-
Treasurer: List the name name and address of any	and address (phone number optior designated agent (e.g., assistant trea	nal) of the treasurer of thasurer).	e commi	ttee; and the	
Full Name of Treasurer  John V	inski				
Mailing Address	6226 W. Sahara Ave.				
	Las Vegas	N	, 	89146 _	
Title or Position ♥	CITY A	STAT	E▲	ZIP CO	DE A
Treasurer		Telephone number	702	367 _	5827
Full Name of Designated Agent					
Mailing Address					
Title or Position ▼	CITY A	STAT	E 🛦	ZIP COI	DE A
		Telephone number			-
	Custodian of Records: Idea possession of Committee  Full Name Mailing Address  Title or Position ▼  Treasurer: List the name name and address of any  Full Name of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Mailing Address	Custodian of Records: Identify by name, address, (phone numpossession of Committee books and records.  Full Name  Mailing Address  Title or Position ▼ CITY ▲  Treasurer: List the name and address (phone number option name and address of any designated agent (e.g., assistant treated as a signature of Treasurer    Mailing Address  Title or Position ▼ CITY ▲  Treasurer  Full Name of Designated Agent  Mailing Address  Mailing Address	Full Name Mailing Address  Title or Position ▼ CITY A STAT  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  John Vinski  Las Vegas  NV  Title or Position ▼ CITY A STAT  Treasurer  Telephone number  Full Name of Designated Agent Agent  Mailing Address  Title or Position ▼ CITY A STAT  Treasurer  Telephone number	Custodian of Records: Identify by name, address, (phone number optional), and position of the possession of Committee books and records.  Full Name  Mailing Address  Title or Position ▼ CITY A STATE A  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the comminame and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  John Vinski  Las Vegas NV  Title or Position ▼ CITY A STATE A  Treasurer  Treasurer	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 A STATE A ZIP CO  Telephone 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  Las Vegas NV 89146  Title or Position ▼ CITY A STATE A ZIP CO  Treasurer  Treasurer  Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Designated Agent  Mailing Address  Title or Position ▼ CITY A STATE A ZIP CO  Treasurer  Telephone number 702 367  Telephone number 702 367  Telephone number 702 377  Telephone number

	FEC Form	<b>1</b> (Re	evised	02/	200	03)																											_	_	Pa	age	4		
9.	Banks or Other safety deposit box Name of Bank, D	xes or	main	tain				l ba	ınks	or	oth	ner	de	pos	sitc	ries	s in	wh	ich	the	e co	mr	nitte	ee o	dep	osi	ts fu	und	ls, I	hol	ds	aco	ou	nts	, re	nts			
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CITY 🔼

ZIP CODE 🛕

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