

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 5241 SPRING MOUNTAIN ROAD
[] (Check if address is changed)
LAS VEGAS NV 89150
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
[x] (Check if address is changed) SELVA.MONTOYA@SWGAS.COM
Optional Second E-Mail Address
LORI.COLVIN@SWGAS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
[] (Check if address is changed)

2. DATE 09 / 13 / 2018

3. FEC IDENTIFICATION NUMBER C C00076737

4. IS THIS STATEMENT [] NEW (N) OR [x] 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 Colvin, Lori, , ,

Signature of Treasurer Colvin, Lori, , , [Electronically Filed] Date 09 / 13 / 2018

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.

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 5241 SPRING MOUNTAIN ROAD

LAS VEGAS NV 89150

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Montoya, Selva, , ,

Mailing Address 5241 Spring Mountain Rd.

Las Vegas NV 89150

CITY STATE ZIP CODE

Title or Position Management Assistant Telephone number 702 - 364 - 3016

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 Colvin, Lori, , ,

Mailing Address 5241 Spring Mountain Rd.

Las Vegas NV 89150

CITY STATE ZIP CODE

Title or Position VP/Controller/CAO Telephone number 702 - 364 - 3758

Full Name of Designated Agent

Farinas, Suzanne, , ,

Mailing Address

5241 Spring Mountain Rd.

Las Vegas

NV

89150

CITY

STATE

ZIP CODE

Title or Position

Assistant to the CEO

Telephone number

702

876

7247

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.

Nevada State Bank

Mailing Address

P.O. Box 990

Las Vegas

NV

89125-0990

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE