

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

NV ENERGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)  (Check if address  
is changed) 6100 Neil Road

Debbie Florence, Asst. Treas.

Reno  
CITY ▲NV  
STATE ▲89511  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed) Deborah.Florence@NVEnergy.comOptional Second E-Mail Address  
Michael.Behrens@NVEnergy.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)2. DATE  /  / 3. FEC IDENTIFICATION NUMBER ► 4. IS THIS STATEMENT  NEW (N)  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 Behrens, Michael, , ,

Signature of Treasurer Behrens, Michael, , ,

Date  /  / NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
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 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 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.)

(g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

(i)  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.

(j)  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.

2.

C

C

Write or Type Committee Name

**NV ENERGY POLITICAL ACTION COMMITTEE****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NV Energy

Mailing Address

6226 West Sahara Ave.

Las Vegas

NV

89146

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  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

Minnich, Sierra, , ,

Mailing Address

6226 W Sahara Ave

M/S 08A

NV

89151

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

PAC Administrator

Telephone number

775 - 834 - 4473

**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

Behrens, Michael, , ,

Mailing Address

6100 Neil Road

Reno

NV

89511

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

775 - 834 - 5626

Full Name of  
Designated  
Agent

Florence, Debbie, , ,

Mailing Address

6100 Neil Road

Reno

NV

89511

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Asst. Treasurer

Telephone number

775

834

5722

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.

SCE Federal Credit Union

Mailing Address

6475 West Sahara

Las Vegas

NV

89146

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

ACME BRICK COMPANY GOOD GOVERNMENT FUND FOR FEDERAL ELECTIONS

<input type="text"/>
<input type="text"/>

Mailing Address

P. O. BOX 425

<input type="text"/>
<input type="text"/>

FORT WORTH

TX

76101

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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. <input type="text"/>
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Mailing Address <input type="text"/>
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CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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

BERKSHIRE HATHAWAY ENERGY COMPANY PAC

\_\_\_\_\_

Mailing Address

666 GRAND AVENUE

P.O. BOX 657

DES MOINES

IA

50306

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

\_\_\_\_\_

Mailing Address

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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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Mailing Address

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CITY ▲

STATE ▲

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5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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

BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. BOX 961039

\_\_\_\_\_

\_\_\_\_\_

FORT WORTH

TX

76161

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

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Mailing Address

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TITLE OR POSITION ▼

CITY ▲

STATE ▲

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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.

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Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

ONE GEICO PLAZA

\_\_\_\_\_  
\_\_\_\_\_

WASHINGTON

DC

20076

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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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 \_\_\_\_\_

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CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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

MCLANE COMPANY, INC. FEDERAL POLITICAL ACTION COMMITTEE

<input type="text"/>
<input type="text"/>

Mailing Address

4747 MCLANE PARKWAY

<input type="text"/>
<input type="text"/>

TEMPLE

TX

76503

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>
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Mailing Address <input type="text"/>
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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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. <input type="text"/>
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Mailing Address <input type="text"/>
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CITY ▲

STATE ▲

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5(g) or (h). **Joint Fundraising Participant:**

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

MIDAMERICAN ENERGY COMPANY PAC

\_\_\_\_\_

Mailing Address

666 GRAND AVENUE

P.O. BOX 657

DES MOINES

IA

50306

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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TITLE OR POSITION ▼

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Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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CITY ▲

STATE ▲

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5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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

NETJETS INC. PAC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

4111 BRIDGEWAY AVENUE

\_\_\_\_\_  
\_\_\_\_\_  
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COLUMBUS

OH

43219

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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TITLE OR POSITION ▼

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STATE ▲

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Depository, etc. \_\_\_\_\_\_\_\_\_\_  
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CITY ▲

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5(g) or (h). **Joint Fundraising Participant:**

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

PACIFICORP - PACIFIC POWER/ROCKY MOUNTAIN POWER PAC

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

825 N E MULTNOMAH, SUITE 2000 LCT

\_\_\_\_\_  
\_\_\_\_\_

PORTLAND

OR

97232

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sponsor
8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

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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 \_\_\_\_\_  
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CITY ▲

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5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
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4. <input type="text"/>	FEC ID number

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

LUBRIZOL CORP EMPLOYEES PAC

Mailing Address

29400 LAKELAND BOULEVARD

WICKLIFFE

OH 44092 

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>
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Mailing Address <input type="text"/>
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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. <input type="text"/>
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Mailing Address <input type="text"/>
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CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

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FEC ID number

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FEC ID number

C

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

FLIGHTSAFETY INTERNATIONAL INC. PAC

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

3100 Easton Square Place

Suite 100

Columbus

OH

43219

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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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 \_\_\_\_\_

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CITY ▲

STATE ▲

ZIP CODE ▲