



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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 01/14/2015 PPC #2:
 # 2464

Office of the
 Secretary of State
Barbara K. Cegavske
 Barbara K. Cegavske
 Elections Division

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: _____
 Parks Protection Committee 702-592-8822

Mailing Address: _____
 9428 Grenville Ave. Las Vegas NV 89134
 Street Name, Number City State Zip Code

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

To gather signatures to place an initiative on the municipal general election ballot that would stop the City of Las Vegas from investing, lending or contributing cash or other assets to a Major League Soccer stadium in Symphony Park.

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: _____
 Robert Beers 702-592-8822

Physical Address: _____
 9428 Grenville Ave. Las Vegas NV 89134
 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.

[Signature]
 Signature of Registered Agent

Date: _____
 January 14, 2015



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: _____ Telephone: _____
 Bob Beers _____ 702-592-8822

Mailing Address: _____
 9428 Grenville Ave. _____ Las Vegas _____ NV 89134
 Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____
 Stavros Anthony _____

Mailing Address: _____
 9104 Terrace Ridge Ct. _____ Las Vegas _____ NV 89129
 Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____
 Lois Tarkanian _____

Mailing Address: _____
 2905 Justice Ln. _____ Las Vegas _____ NV 89107
 Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____
 Suzanne LaGrange-Miranda _____

Mailing Address: _____
 6899 April Wind _____ Las Vegas _____ NV 89131
 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: _____
 Robert Beers _____ 1/14/2015 _____ 702-592-8822
 Signature of Representative of Group