



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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04/30/2015 #2484

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 Change Address
- Other: Change Name
Previous Name of PAC

Name of Committee: Clean Green Boulder City Telephone: (702) 450-7961

Mailing Address: 988 El Camino Way Boulder City NV 89005
Street Name, Number City State Zip Code

PAC Active Email Address: FERRENCE@COX.NET

PURPOSE: Briefly state the purpose for which the PAC was organized.
Support pro-sustainability causes and candidates

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: Jim Ferrence Telephone: 702-510-1125

Physical Address: 1820 Dawn Ridge Ave. Henderson NV 89074
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.

X *James A. Ferrence* Date: 04/29/15
Signature of Registered Agent



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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: _____

John Balistere

Mailing Address:

988 El Camino Way

Street Name, Number

Boulder City

City

NV 89005

State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address:

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:

X

Printed Name:

John Balistere

Date:

04/29/15

Telephone:

7025101125

Signature of Representative of Group