BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Office of the Secretary of State
Barbara Cegavske
Barbara Cegavske
Elections Division

JStokes
12/31/2015
#934

State of Nevada
Committee for Political Action (PAC)
Registration Form
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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(4)(b))

☐ Amended Registration: check all that apply ☐ Change Officers ☐ Change Registered Agent ☐ Change Address

☐ Change Name _____ Previous Name of PAC

☐ Other: _____

Name of Committee: ACMB Enterprises PAC

Telephone:

Mailing Address: 3455 Cliff Shadows Parkway, Suite 220 (Street Name, Number) | Las Vegas (City) | NV (State) | 89129 (Zip Code)

PAC Active Email Address: szola@kcnvlaw.com

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

Support candidates for public office and appropriate public policy issues

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: Mark H. Fiorentino

Telephone:

Physical Address: 1980 Festival Plaza Drive, Suite 650 (Street Name, Number) | Las Vegas (City) | NV (State) | 89135 (Zip Code)

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X Mark Fiorentino

Signature of Registered Agent

Date: 12-31-15

EL400
Revised: 11-3-15

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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: John A. Ritter, Chairman/Treasurer
Telephone: 702-242-4949
Mailing Address: 3455 Cliff Shadows Parkway, Suite 220
Street Name, Number | Las Vegas City | NV State | 89129 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: N/A
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 Mark H. Florentino
Signature of Representative of Group
Printed Name: Mark H. Florentino
Date: 12-31-15
Telephone: 702-792-7000