



ROSS MILLER
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Elections Division
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01/05/2015

Office of the
Secretary of State
Barbara Cegavske
Barbara Cegavske
Elections Division
#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(3)(b))
- Amended Registration: check all that apply
 - Change Officers
 - Change Registered Agent
 - Change Address
 - Change Name
 - Other: _____

Name of Committee: ACME Enterprises PAC Telephone: 702-242-4949
 Mailing Address: 3455 Cliff Shadows Parkway, Suite 220 Las Vegas NV 89129
 Street Name, Number City State Zip Code

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: 702-792-7000
 Physical Address: 8345 W. Sunset Road, Suite 250 Las Vegas NV 89113
 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 Mark H. Fiorentino Date: 12-23-11
 Signature of Registered Agent



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-4768
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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 **Las Vegas** **NV** 89129
 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**

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**

SUBMITTED BY:

X Mark H. Fiorentino
 Signature of Representative of Group

Printed Name:
 Mark H. Fiorentino

Date:
 12-23-14

Telephone:
 702-792-7000