



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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 02/24/2014

Office of the
 Secretary of State

 Ross Miller
 Elections Division

#2353

**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
Previous Name of PAC
- Other: _____

Name of Committee: _____ Telephone: _____
 Concerned Asian for Nevada PAC (702)321-3371

Mailing Address: _____

5701 W. Charleston Blvd #100 Las Vegas NV 89146
Street Name, Number City State Zip Code

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

For all political activities such as fund raising, political events, grass root campaigns, etc.

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: _____
 Li Chen (702)252-8881

Physical Address: _____

6280 Spring Mountain Rd. Ste 115 Las Vegas NV 89146
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 of Registered Agent

Date: _____
 2/12/2014



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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: Rachakonda Dayananda Prabhu		Telephone: (702)321-3371	
Mailing Address: 5701 W. Charleston Blvd #100		Las Vegas	NV 89146
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:		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.R.D. Prabhu M.D.
 Signature of Representative of Group

Printed Name: Rachakonda Dayananda Prabhu	Date: 2/12/2014	Telephone: (702)321-3371
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