

Committee for Political Action (PAC) Registration Form

FILED

FEB 23 2007

State of Nevada SECRETARY OF STATE
ELECTIONS DIVISION

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) New registration Amended registration (if amended, list reason)

REASON FOR AMENDMENT: Change in officers Change resident agent
 Other _____

NAME OF COMMITTEE: _____

Mailing Address: _____

(CPDPAC)
CITIZENS FOR PATIENT DIGNITY
5701 ARROYO DUNES AVE
L.V. NV 89130 2542578
City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

INFORMATION & EDUCATION ON HEALTH CARE
MATTERS

RESIDENT AGENT: (Pursuant to NRS 294A.240, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: _____

Mailing Address: _____

GILBERT EISNER
10526 REGAL STALLION AV
LAS VEGAS, NV 89135 702255-7276
City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, GILBERT EISNER, hereby accept appointment as Resident Agent for the above named committee for political action.

Signature of Resident Agent

Date

FEB 20, 2007

OFFICERS:

(Please list the name, title, address and telephone number of each officer.)

SYLVIA BARCUS
Name

PRESIDENT 702 254 2578
Title Telephone Number

JOHN P. HEALY
Name

VP 702-658-7168
Title Telephone Number

GARY BRODT
Name

VP
Title Telephone Number

Rayka Campaorjorn
Name

VP 616-9142
Title Telephone Number

KARI Ayers
Name

VP (775) 624-2378
Title Telephone Number

5701 ARROYO DUNES AVE
Address

L.V. NV 89130
City/State/Zip

5701 ARROYO DUNES L.V. NV 89130
Address

L.V., NV 89130
City/State/Zip

P.O. Box 14831
Address

LAS VEGAS NV, 89114
City/State/Zip

8201 W. FISHER AVE
Address

LV, NV 89149
City/State/Zip

2900 MOOSE RIDGE DRIVE
Address

RENO, NV 89523
City/State/Zip

AFFILIATIONS:

(If the committee for political action is affiliated with any other organizations, list the name, address and telephone number of each organization.)

Name of Organization:

NONE

Address:

Telephone No.:

Submitted By:

Sylvia Barcus
Name of representative of group

Feb 20, 2007
Date

**Send Completed Form to:
SECRETARY OF STATE
101 NORTH CARSON STREET #3
CARSON CITY, NEVADA 89701-4786**

PHONE: (775) 684-5705 FAX: (775) 684-5718