

CNSCL



ROSS MILLER
 Secretary of State
 Elections Division
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 04/12/12

Office of the
 Secretary of State
 Ross Miller
 Elections Division

#2221

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: _____
Previous Name of PAC
- Other: _____

Name of Committee: Committee to Nominate Judge Chris Lee Telephone: (702) 992-0531

Mailing Address: 438 E Sahara Ave Las Vegas NV 89104
Street Name, Number City State Zip Code

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

Nominate Judge Chris Lee to the ballot

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: Melissa Jackowski Telephone: (702) 853-1330

Mailing Address: 438 E Sahara Ave Las Vegas NV 89104
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.

Melissa Jackowski
 Signature of Registered Agent

Date: 04/12/12



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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: Meuissa Jackowski, President Telephone: (702)853-1330
Mailing Address:
438 E Sahara Ave Las Vegas NV 89104
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 Meuissa Jackowski Date: 04/12/12 Telephone: (702)853-1330
Signature of Representative of Group