

CPNV



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SECRETARY OF STATE
ELECTIONS DIVISION

#2034

**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: Coalition to Protect Nevada Telephone: (702) 992-0831

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.

Advocate for community projects

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: 01/10/12



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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: Richard Ponce, 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 Melissa Summo
 Signature of Representative of Group

Date: 01/10/12 Telephone: (702) 853-1330