

Committee for Political Action (PAC) Registration Form

PAC # 572

FILE

AUG 13 2002

DEAN HELLER
SECRETARY OF STATE
State of Nevada

BWA

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 _____ n/a

NAME OF COMMITTEE: Committee To Draft Bob Ferraro For Mayor

Mailing Address: 495 Lake Havasu Ln.
Boulder City NV 89005
City State Zip

Telephone Number: 702-293-4362 Facsimile Number: n/a

Email Address: n/a Website Address: n/a

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)
Encourage and support Bob Ferraro in a re-election campaign for mayor

RESIDENT AGENT: (Pursuant to NRS 294A.260, 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: Connie Poling

Mailing Address: ~~see above~~ 495 Lake Havasu Ln.
Boulder City NV 89005
City State Zip

Telephone Number: 702/293-4362 Facsimile Number: _____

Email Address: ----- Website Address: -----

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

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

Connie Poling
Signature of Resident Agent

August 6, 2002
Date

951

OFFICERS:

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

Connie Poling
Name
Chairperson
Title

495 Lake Havasu Ln.
Address
Boulder City, NV 89005
City/State/Zip

Mariola O'Brien
Name
Secretary
Title

1804 Hilteon Head Dr.
Address
Boulder City NV 89005
City/State/Zip

Name

Title

Address

City/State/Zip

ANTHONY (DIB) CAMPBELL
Name
TREASURER
Title

519 NORTHRIDGE DR.
Address
BOULDER CITY, NV 89005
City/State/Zip

Name

Title

Address

City/State/Zip

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

Name of Organization:

Address:

Submitted By:

Anthony D. Campbell

ANTHONY D. CAMPBELL
Name of representative of group

AUGUST 7, 2002
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