

STATE OF NEVADA  
COMMITTEE FOR POLITICAL ACTION (PAC)  
Registration Form

**FILED**  
*C. Arreola*  
JUN 11 2008  
SECRETARY OF STATE  
ELECTIONS DIVISION  
Secretary of State Ross Miller



**COMMITTEE FOR POLITICAL ACTION: (check one)**

- New Registration
- Amended Registration (if amended, list reason)
  - Change Resident Agent
  - Change of Address
  - Change in Officers
  - Other: \_\_\_\_\_

**NAME OF COMMITTEE:** Fund for Nevada's Future

**Mailing Address:** 10299 Lucente Way

Reno	NV	89521	775-851-9497
City	State	Zip	Telephone

**PURPOSE:** (Briefly state the purpose for which the Political Action Committee was organized.)

to support candidates for school boards

**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: Randell Thompson

Mailing Address: 10299 Lucente Way

Reno	NV	89521	775-851-9497
City	State	Zip	Telephone

**ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT**

I, Randell Thompson, hereby accept appointment as Resident Agent for the above named Committee for Political Action.

x *Randell Thompson*  
Signature of Resident Agent

6-11-08

FNF

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

**NAME:** Jim Clark **ADDRESS:** P.O. Box 5596

**TITLE:** President  
Incline Village NV 89450  
City State Zip Telephone

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_  
\_\_\_\_\_ City State Zip Telephone

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_  
\_\_\_\_\_ City State Zip Telephone

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_  
\_\_\_\_\_ City State Zip Telephone

**AFFILIATIONS**

If the Committee for Political Action 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**

**Address & Telephone No.**

\_\_\_\_\_  
Organization  
\_\_\_\_\_  
City State Zip Telephone

\_\_\_\_\_  
Organization  
\_\_\_\_\_  
City State Zip Telephone

\_\_\_\_\_  
Organization  
\_\_\_\_\_  
City State Zip Telephone

**Submitted By:**

*Randi Thompson*  
Signature of representative of group

6-11-08  
Date

851-9497  
Telephone



Send completed form to:  
**SECRETARY OF STATE ROSS MILLER**  
**ELECTIONS DIVISION**  
**101 NORTH CARSON STREET, STE. 3**