FNF PAC

ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 684-5705
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SECRETARY OF STATE
ELECTIONS DIVISION
#2111

State of Nevada
Committee for Political Action (PAC)
Registration Form
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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: Fund for Nevadas Future PAC
Telephone:

Mailing Address:

Street Name, Number	City	State	Zip Code
PO Box 370672	Las Vegas	NV	89137

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

To promote and support statewide political efforts and activities.

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: Kate Szafran
Telephone:

Mailing Address:

Street Name, Number	City	State	Zip Code
PO Box 370672	Las Vegas	NV	89137

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X _____ Date: _____
Signature of Registered Agent

EL400.01
Revised: 11-16-11

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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: Chrissie Hastie
Telephone:
Mailing Address: PO Box 751271 | Las Vegas | NV | 89136
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: N/A
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
Signature of Representative of Group

Date: 1/16/12
Telephone:

EL400.01
Revised: 11-16-11