



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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01/09/14

Office of the  
Secretary of State  
*[Signature]*  
Ross Miller  
Elections Division

#1656

**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:  
Henderson Firefighters Political Action Committee

Telephone:  
702-565-6551

Mailing Address:

PO Box 90428  
Street Name, Number

Henderson  
City

NV 89009  
State Zip Code

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

**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:

Jimmy Chaffin

Telephone:  
702-373-0859

Physical Address:

145 Panama Street  
Street Name, Number

Henderson  
City

NV 89015  
State Zip Code

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

X

Signature of Registered Agent

Date:  
01/09/2014



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**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
 Page 2

**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Jimmy Chaffin - Secretary / Treasurer Telephone: 702-373-0859  
 Mailing Address:

145 Panama Street Henderson NV 89015  
 Street Name, Number City State Zip Code

Officer Name and Title: Dan Pentkowski - President Telephone: 702-565-6551  
 Mailing Address:

145 Panama Street Henderson NV 89015  
 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**  Printed Name: Jimmy Chaffin Date: 01/09/2014 Telephone: 702-565-6551  
 Signature of Representative of Group