

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

FILED  
FEB - 1 2008

SECRETARY OF STATE  
DIVISION  
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:** IATSE 720 Legislative Co.

**Mailing Address:** 3000 S Valley View Blvd

Las Vegas	NV	89102	702-873-3450
City	State	Zip	Telephone

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

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City	State	Zip	Telephone

**ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT**

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

**X** \_\_\_\_\_  
Signature of Resident Agent

\_\_\_\_\_  
Date

IATSE720

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

**NAME:** Dan'l Cook **ADDRESS:** 1360 Gold Dust Lane  
**TITLE:** President Pahrump NV 89048  
City State Zip Telephone

**NAME:** Ronald Poveromo **ADDRESS:** 20 E Serene #205  
**TITLE:** Secretary - Treasurer Las Vegas NV 89123  
City State Zip Telephone

**NAME:** John Hanson **ADDRESS:** 9005 Rolling Rock Drive  
**TITLE:** Business Representative Las Vegas NV 89123  
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:**

X Ron Poveromo  
Signature of representative of group

1-28-08  
Date

702 873-3450  
Telephone



Send completed form to:  
**SECRETARY OF STATE ROSS MILLER**  
**ELECTIONS DIVISION**  
**101 NORTH CARSON STREET, STE. 3**  
**CARSON CITY, NEVADA 89701-4768**  
**PHONE: (775) 684-5705 FAX: (775) 684-5718**

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