

# Committee for Political Action (PAC) Registration Form

718  
**FILE**  
JUL 19 2005  
State of Nevada  
DEAN HELLER  
SECRETARY OF STATE

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 mailing address

**NAME OF COMMITTEE:** Nevada Automotive Wholesalers Association Political Action Committee

**Mailing Address:**

11160 Sun Center Drive  
Rancho Cordova CA 95670  
City State Zip

**Telephone Number:** 916.635.9774

**Facsimile Number:** 916.635.9995

**Email Address:** admin@cawa.org

**Website Address:** www.cawa.org

**PURPOSE:** (Briefly state the purpose for which the political action committee was organized.)

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

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

City State Zip

**Telephone Number:** \_\_\_\_\_

**Facsimile Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

## ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

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

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

\_\_\_\_\_  
**Date**

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

_____ Name	_____ Address
_____ Title	_____ City/State/Zip
_____ Name	_____ Address
_____ Title	_____ City/State/Zip
_____ Name	_____ Address
_____ Title	_____ City/State/Zip
_____ Name	_____ Address
_____ Title	_____ City/State/Zip
_____ Name	_____ Address
_____ Title	_____ 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:**

_____ DAVID C. FINLEY	_____ 7.15.05
Name of representative of group	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**