

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

FILED

JAN 22 2010  
K. Kuhl  
SECRETARY OF STATE  
ELECTIONS DIVISION  
Secretary of State Ross Miller



NPTAPAC

**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:** NPTA PAC (NV Physical Therapy Ass'n PAC)

**Mailing Address:** 7121 W Craig Rd, Ste 113-121  
Las Vegas NV 89129 702-492-6872  
City State Zip Telephone

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

Occasionally make contributions to State Legislators campaign committees

**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: Sue Schuerman

Mailing Address: 1330 Fragrant Spruce Ave  
Las Vegas NV 89123 702-524-7199  
City State Zip Telephone

**ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT**

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

X Sue Schuerman  
Signature of Resident Agent

1/19/10  
Date

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

<b>NAME:</b> <u>Sue Schuerman</u>	<b>ADDRESS:</b> <u>1330 Fragrant Spruce Ave</u>
<b>TITLE:</b> <u>Chair</u>	<u>Las Vegas</u> <u>NV</u> <u>89123</u> <u>702-524-7199</u>
	<small>City State Zip Telephone</small>
<b>NAME:</b> _____	<b>ADDRESS:</b> _____
<b>TITLE:</b> _____	_____
	<small>City State Zip Telephone</small>
<b>NAME:</b> _____	<b>ADDRESS:</b> _____
<b>TITLE:</b> _____	_____
	<small>City State Zip Telephone</small>
<b>NAME:</b> _____	<b>ADDRESS:</b> _____
<b>TITLE:</b> _____	_____
	<small>City State Zip Telephone</small>

**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)

<u>Name of Organization</u>	<u>Address &amp; Telephone No.</u>
_____ Organization	_____ _____ <small>City State Zip Telephone</small>
_____ Organization	_____ _____ <small>City State Zip Telephone</small>
_____ Organization	_____ _____ <small>City State Zip Telephone</small>

**Submitted By:**

Sue Schuerman \_\_\_\_\_ 1/19/10 \_\_\_\_\_ 702-524-7199

Signature of representative of group Date 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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