

Committee for Political Action (PAC) Registration Form

State of Nevada

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

NAME OF COMMITTEE: Nevadans For a Property Tax Cap

Mailing Address: _____

City State Zip

Telephone Number: (775) 831-8802 **Facsimile Number:** (775) 831-6982

Email Address: lahoesbjc@aol.com **Website Address:** pending

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

advocating tax restraint and reform

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: James F Clark

Mailing Address: P O Box 6616

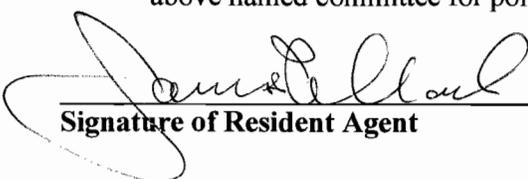
Incline Village NV 89450
City State Zip

Telephone Number: (775) 831-8802 **Facsimile Number:** (775) 831-6982

Email Address: lahoesbjc@aol.com **Website Address:** n/a

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, James F Clark, hereby accept appointment as Resident Agent for the above named committee for political action.


Signature of Resident Agent

12-10-04
Date

OFFICERS:

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

Name Patricia Cafferata

Address PO Box 20357

Title co-chair

City/State/Zip Reno, NV 89515

Name James F Clark

Address PO Box 6616

Title co-chair, treas.

City/State/Zip Incline Village NV 89450

Name Robert Doney

Address 40 Sawback Rd

Title Secretary

City/State/Zip Reno, NV 89509

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:


James F. Clark
Name of representative of group

12-10-04
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