



ROSS MILLER  
Secretary of State  
Elections Division  
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*K. Rut*  
SECRETARY OF STATE  
ELECTIONS DIVISIONS  
#2460

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:  
Nevada Vaping Association

Telephone:  
775-543-0618

Mailing Address:  
140 Washington Ave #150  
Street Name, Number

Reno  
City

NV 89503  
State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
To advocate on behalf of the e-cigarette and vaping industry and consumers.

**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:  
Bryan Bedera

Telephone:  
775 543 0618

Physical Address:  
140 Washington St #150  
Street Name, Number

Reno  
City

NV 89503  
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:  
12/8/2014



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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: Jamie Homampour President

Telephone: (702) 408-2022

Mailing Address:

6255 W Arby Ave #356 Las Vegas  
 Street Name, Number City

NV 89118  
 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

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 [Signature]  
 Signature of Representative of Group

Printed Name  
Jamie Homampour

Date:  
12/19/14

Telephone:  
(702) 408-2022