

Committee for Political Action (PAC) Registration Form

551

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: Support The Arts and Recreation Political Action Committee

Mailing Address: 316 California Ave. #737

Reno NV 89509
City State Zip

Telephone Number: (775) 825-1877

Facsimile Number: (775) 825-2578

Email Address: elisam@migcom.com

Website Address: _____

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

Activities in support of the bond to build recreation, arts and cultural facilities
in Reno, Nevada.

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: Dave Hoover

Mailing Address: 316 California Ave. #737

Reno, NV 89509
City State Zip

Telephone Number: (775) 828-7946

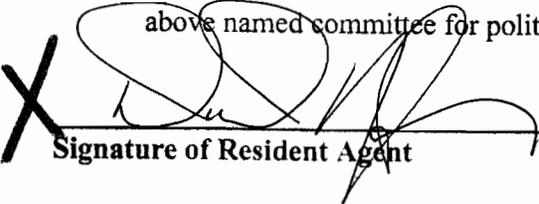
Facsimile Number: _____

Email Address: _____

Website Address: _____

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

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


Signature of Resident Agent

4/11/02
Date

928

FILED#

APR 22 2002

IN THE OFFICE OF
DEAN HELLER, SECRETARY OF STATE

OFFICERS:

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

Name
Susan Jamerson

Title
President

Address
316 California Ave. #737

City/State/Zip
Reno, NV 89509

Name¹⁾
Dave Bobzien

Title
Vice President

Address
316 California Ave. #737

City/State/Zip
Reno, NV 89509

Name
Dave Hoover

Title
Secretary

Address
316 California Ave. #737

City/State/Zip
Reno, NV 89509

Name

Title

Address

City/State/Zip

Name

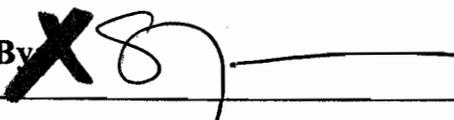
Title

Address

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 

Susan Jamerson, President

Name of representative of group

April 11, 2002

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