

SWITC



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Elections Division  
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**RECEIVED**

OCT - 3 2014  
K. R. Miller  
SECRETARY OF STATE  
ELECTIONS DIVISIONS  
#1613

**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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Sierra Nevada PAC 7758496002

Mailing Address: \_\_\_\_\_  
P.O.Box 50193 Sparks NV 89435  
Street Name, Number City State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
To support candidates that have members' interest.

**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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Murat Ozbek 7758496002

Physical Address: \_\_\_\_\_  
P.O.Box 50193 Sparks NV 89435  
Street Name, Number City State Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Registered Agent 10/03/2014



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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:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
 Eren Ozmen, Treasurer 775-331-0222

**Mailing Address:** \_\_\_\_\_  
 P.O.Box 509193 Sparks NV 89435  
 Street Name, Number City State Zip Code

**Officer Name and Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
 Renee Velasco, Employee Representative 775-331-0222

**Mailing Address:** \_\_\_\_\_  
 P.O.Box 50193 Sparks NV 89435  
 Street Name, Number City State Zip Code

**Officer Name and Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
 Murat Ozbek, Asst. Treasurer 775-331-0222

**Mailing Address:** \_\_\_\_\_  
 P.O.Box 50193 Sparks NV 89435  
 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:** \_\_\_\_\_  
 Sierra Nevada Corporation 775-331-0222

**Mailing Address:** \_\_\_\_\_  
 444 Salomon Circle Sparks NV 89434  
 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:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
 X *Murat Ozbek* Murat Ozbek 10/03/2014 775-849-6002

Signature of Representative of Group