



ROSS MILLER
Secretary of State
Elections Division
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SECRETARY OF STATE
ELECTIONS DIVISIONS
#1732

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 Change Address
Previous Name of PAC
- Other:

Name of Committee:

Fennemore Craig PC PAC

Telephone:

775/788-2202

Mailing Address:

300 E. Second Street, #1510

Reno

NV 89501

Street Name, Number

City

State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.

Political Action Committee organized to make contributions to campaigns of federal candidates.

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:

Fennemore Craig Jones Vargas

Telephone:

775/788-2202

Physical Address:

300 E. Second Street, #1510

Reno

NV 89501

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 
Signature of Registered Agent

Date:

January 7, 2014



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 Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: _____ Telephone: _____
 John P. Sande, III, Treasurer 775/788-2202
 Mailing Address: _____
 300 E. Second St., #1510 Reno NV 89501
 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

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:

John Sande Printed Name: John P. Sande, III Date: 01/07/2014 Telephone: 775/788-2202
 Signature of Representative of Group