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ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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ROSS MILLER  
SECRETARY OF STATE

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NEVADA  
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**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: Arena Initiative Committee Telephone: 702-293-3674

Mailing Address: 3800 Howard Hughes Parkway, 16th Floor Las Vegas NV 89169  
Street Name, Number City State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
Propose and advocate statutory ballot initiative entitled, "Building an Arena for a Stronger Future"

**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: Bruce L. Woodbury Telephone: 702-293-3674

Mailing Address: 3800 Howard Hughes Parkway, 16th Floor Las Vegas NV 89169  
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** B. L. Woodbury  
Signature of Registered Agent

Date: 12-21-11



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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:  
 Bruce L. Woodbury, President 702-293-3674

Mailing Address:  
 3800 Howard Hughes Parkway, 16th Floor Las Vegas  
 Street Name, Number City NV 89169  
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** Bruce L. Woodbury  
 Signature of Representative of Group

Date: 12-21-11

Telephone:  
 702-293-3674