

HDR



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 684-5705
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email
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MAR 17 2014
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SECRETARY OF STATE
ELECTIONS DIVISIONS
#1559

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: Reactivation

Name of Committee: HDR, Inc. PAC Telephone: 248-371-7268

Mailing Address: 8404 Indian Hills Drive Omaha NE 68114
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
to support candidates for public office whose views are similar tho that of HDR, Inc. PAC

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: Kristine M. Agers Telephone: 702-938-6000

Physical Address: 7080 Pollock Drive, Suite 200 Las Vegas NV 89119
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 Kristine M Agers Date: 03/17/2014
Signature of Registered Agent



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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: Chad Hartnett, PAC Treasurer Telephone: 402-399-1000

Mailing Address: 8404 Indian Hills Drive Omaha NE 68114
 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:

X *Stephanie Ming*
 Signature of Representative of Group

Printed Name:
 Stephanie Ming

Date:
 03/17/2014

Telephone:
 248-371-7268