



ROSS MILLER  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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KRut  
 05/08/2014

MHC0  
 Office of the  
 Secretary of State  
 Ross Miller  
 Elections Division

#1680

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: MANUFACTURED HOME COMMUNITY OWNERS. Telephone: 702/731-1900  
775/622-9641  
NV 89119

Mailing Address: 4055 SO. SPENCER #107 LAS VEGAS  
 Street Name, Number City State Zip Code

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

*To promote the general welfare of the mobile home industry by offering quality education thru seminars & publications. Aid to protect the capital investment of the owners by aiding in prevention of overregulation & enacting sound legislative thru an effective advocacy program.*

**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: MAROLYN C. MANN, CAE Telephone: 775/622-9461 / 702/731-1900

Physical Address: 4055 SO. SPENCER #107 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 [Signature] Date: 5/8/14  
 Signature of Registered Agent



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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: \_\_\_\_\_

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 \_\_\_\_\_

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_

*See attached*

**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 \_\_\_\_\_

*N/A*

**SUBMITTED BY:**

X *[Signature]*  
 Signature of Representative of Group

Printed Name: *MAROLYN MANN*

Date: *5/8/14*

Telephone: *702/731-1900*  
*+775/622-9497*

**MHCO BOARD OF DIRECTORS**  
**2013**

NAME AND COMPANY	ADDRESS
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