

Ophthalmic



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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MAY 15 2014

K. Rut
SECRETARY OF STATE
ELECTIONS DIVISIONS
#649

**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: _____
Ophthalmic Political Action Committee 702994-6628

Mailing Address: _____
3013 Mason Avenue Las Vegas NV 89102
Street Name, Number City State Zip Code

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

To promote the safety of Nevadans seeking eyecare in the state and to promote the interests of Ophthalmology

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: _____
Adam Rovit, MD 702-994-6628

Physical Address: _____
3575 Pecos-McLeod Las Vegas NV 89121
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.

Adam R. Rovit
Signature of Registered Agent

Date: _____
05/08/2014



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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: _____
 Isaac Hearne, MD _____ 775-827-8855

Mailing Address: _____
 294 E. Moana Lane #22 _____ Reno _____ NV 89502
 Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____
 Roberta Again, Executive Director _____ 702-285-9425

Mailing Address: _____
 3013 Mason Avenue _____ Las Vegas _____ NV 89102
 Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____
 Adam Rovit, MD - President NAO _____ 702-994-6628

Mailing Address: _____
 3575 So. Pecos-McLeod _____ Las Vegas _____ NV 89121
 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: _____
 Nevada Academy of Ophthalmology _____ 702-285-9425

Mailing Address: _____
 3013 Mason Avenue _____ Las Vegas _____ NV 89102
 Street Name, Number _____ City _____ State Zip Code

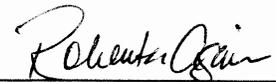
Name of Organization: _____ Telephone: _____
 Mailing Address: _____

 Street Name, Number _____ City _____ State Zip Code

Name of Organization: _____ Telephone: _____
 Mailing Address: _____

 Street Name, Number _____ City _____ State Zip Code

SUBMITTED BY:

X 

 Signature of Representative of Group

Printed Name: _____ Date: _____ Telephone: _____
 Roberta Again, Executive Director _____ 05/08/2014 _____ 702-285-9425