Committee for Political Action (PAC) Registration Form

FILED
MAR 29 1999 KG
Dean Heller
Secretary of State

State of Nevada

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) ☒ New registration ☐ Amended registration (if amended list reason)

REASON FOR AMENDMENT: ☐ Change in officers ☐ Change resident agent
☐ Other _____

NAME OF COMMITTEE: POLITICAL ACTION COMMITTEE AGAINST POLITICAL WHORES

Mailing Address: P.O.BOX 85962
LAS VEGAS, NEVADA 89185-0962

City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

~~ALL ACTIVITIES PERTAINING TO THE ELECTION OF POLITICAL CANDIDATES AND ELECTED OFFICIALS.~~

RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: DONALD EDWARD A.A.A.FONDRIASOPOLOUS

Mailing Address: 1909 EAST MESQUITE AVENUE
LAS VEGAS, NEVADA 89101-3309

702 382 8152

City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, [signature], hereby accept appointment as Resident Agent for the above named committee for political action.

DONALD EDWARD A.A.A.FONDRIASOPOLOUS

Signature of Resident Agent

MARCH 26, 1999

Date

Prescribed by Secretary of State
NRS 294A.230
EL400 (rev. 1/96)

OFFICERS: (Please list the name, title and address of each officer.)

Name DONALD EDWARD A.A.A.FONDRIASOPOLOUS	Address P.O.BOX 85962
Title PRESIDENT	City/State/Zip LAS VEGAS, NEVADA 89185-0962
Name DONALD EDWARD A.A.A.FONDRIASOPOLOUS	Address P.O.BOX 85962
Title SECRETARY // TREASURER	City/State/Zip LAS VEGAS, NEVADA 89185-0962
Name	Address
Title	City/State/Zip
Name	Address
Title	City/State/Zip
Name	Address
Title	City/State/Zip

AFFILIATION: (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

Name of Organization:	Address:

Submitted By:

Name of representative of group

Date March 26, 1999.

Send Completed Form to:
SECRETARY OF STATE
101 NORTH CARSON STREET #3
CARSON CITY, NEVADA 89701-4786

PHONE: (702) 687-3176 FAX: (702) 687-6913

Prescribed by Secretary of State
NRS 294A.230
EL400 (rev. 1/96)