

Pfizer



ROSS MILLER  
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Elections Division  
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**RECEIVED**

JAN 15 2014  
K. R. Miller  
SECRETARY OF STATE  
ELECTIONS DIVISIONS  
# 2352

**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: \_\_\_\_\_  
Pfizer Inc PAC (212) 573-1265

Mailing Address: \_\_\_\_\_  
235 East 42nd Street New York NY 10017  
Street Name, Number City State Zip Code

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

To make contributions to political committees to the extent permitted by law.

**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: \_\_\_\_\_  
Paul Krisfalusi (702) 278-9429

Physical Address: \_\_\_\_\_  
2313 Prometheus Ct Henderson NV 89074-5325  
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.

Paul Krisfalusi  
Signature of Registered Agent

Date: \_\_\_\_\_  
1/14/14



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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

**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

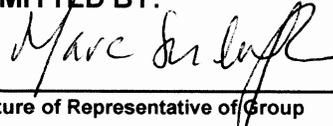
Name of Organization:  Telephone:

Mailing Address:      
 Street Name, Number City State Zip Code

Name of Organization:  Telephone:

Mailing Address:      
 Street Name, Number City State Zip Code

**SUBMITTED BY:**

  
 Signature of Representative of Group

Printed Name:  Date:  Telephone: