

# Committee for Political Action (PAC) Registration Form

FILED

OCT 15 1996

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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:** VETERAN'S NETWORK aka/ VET-NET

**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.)  
TO REPRESENT VETERANS, THEIR SPOUSES, FAMILIES FRIENDS AND LOVED ONES

**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.)

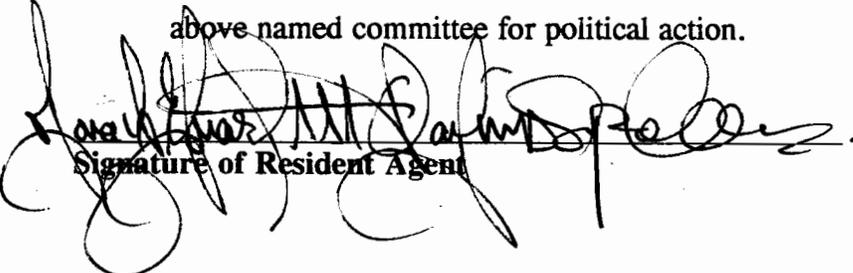
**Name of Resident Agent:** DONALD EDWARD A.A.A.FONDRIASOPOLOUS

**Mailing Address:** 1911 EAST MESQUITE AVENUE  
LAS VEGAS, NEVADA 89101-3309 702 382 8152

City	State	Zip	Telephone

## ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, DONALD EDWARD A.A.A.FONDRIASOPOLOUS, hereby accept appointment as Resident Agent for the above named committee for political action.

  
Signature of Resident Agent

OCTOBER 11, 1996

Date

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**OFFICERS:**

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

DONALD EDWARD A.A.A.FONDRIASOPOLOUS

**Name**

P.O.BOX 85962

**Address**

LOS VEGAS, NEVADA 89185-0962

**Title** PRESIDENT

**City/State/Zip**

DONALD EDWARD A.A.A.FONDRIASOPOLOUS

**Name**

**Title** RESIDENT AGENT

**Address** 1911 EAST MESQUITE AVENUE

**City/State/Zip**

LAS VEGAS, NEVADA 89101-3309

**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

Send Completed Form to:  
**SECRETARY OF STATE**  
**CAPITOL COMPLEX**  
**CARSON CITY, NEVADA 89710**

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