

ROSS MILLER Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-4768 Phone: (775) 684-5705

Fax: (775) 684-5718 Website: www.nvsos.gov

State of Nevada Committee for Political Action (PAC)

Registration Form Page 1 ROSS MILLER BLORETARY OF STATE

2011 DEC 22 A 11: 06

K Rut CARSON CITY
NEVADA
#1968

			ABOV	E SPACE IS FOR OF	FICE USE ONLY
New Registration	X PAC (Ad	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	Chang	ge Address
check all that apply	Change I	Name Previous Name of PAC			
	Other:	Flevious Name of FAC	HI 1 1 4 4 4		
Name of Committee:			1	Telephone:	
Arena Initiative Committee			7	702-293-3674	
Mailing Address:					
3800 Howard Hughes Parkway,	6th Floor	Las Vegas		NV 89169	
Street Name, Number		City	9	State Zip Code	
REGISTERED AGENT: pursuagent, as provided in NRS 14.					gistered
Name of Registered Agent:			Т	elephone:	
Bruce L. Woodbury			7	02-293-3674	
Mailing Address:					
3800 Howard Hughes Parkway, I Street Name, Number	6th Floor	Las Vegas City		NV 89169 state Zip Code	
REGISTERED AGENT ACCE Committee for Political Action.	PTANCE: I here	eby accept appointment	as Registered Ager	it for the abov	e-named
X B-1Wood	l-6	[Date: 12-21	-11	
Signature of Registered Agent					



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necessary).	telephone number of each of	ticer (attach additional pages if
Officer Name and Title:		Telephone:
Bruce L. Woodbury, President Mailing Address:		702-293-3674
3800 Howard Hughes Parkway, 16th Floor Street Name, Number	Las Vegas City	NV 89169 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 a of each organization (please attach additional		e name, address and telephone numbe
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:	D-1	Talanhana
X Bu I Woodle	Date: /2-	21-11 Telephone: 702-293-3674

EL400.01 Revised: 11-16-11

Signature of Representative of Group