Image# 11971727049 PAGE 1/4

FEC FORM 1			TEMEN SANIZA		_			C	Office Use	Only		
NAME OF COMMITTEE (in	n full)	(Check is cha	k if name nged)	Exampl over the	e:If typing, e lines.	type	12FE					
Sierra Nev	ada P	AC										
1	1 1 1 1				1 1 1 1	1 1 1	1 1	1 1 1				
ADDRESS (number a	and street)	P.O. Box 5019	93									
(Check if a is changed)		Sparks					NV	. 89	434			
				CITY			STATE		ZII	P COD	 E	
000000000000000000000000000000000000000		.0 (D)			,							
COMMITTEE'S E-MA	AIL ADDRES		de only one e EK@SNCORI		SS)							
X (Check if is change												
— is change	,u)											
COMMITTEE'S WEB	B PAGE ADD	RESS (URL)										
_										1 1	1 1	
(Check if address is changed)												
2. DATE 0	9 14	201										
3. FEC IDENTIFIC	CATION NU	MBER	C co	00367995								
4. IS THIS STATE	MENT X	NEW (N)	OR		AMENDE	ED (A)						
I certify that I have of	examined thi	s Statement an	nd to the best	of my kno	wledge and	d belief it	is true, d	correct an	d comple	ete.		
Type or Print Name	of Treasurer	Mrs. Eren Ak	man									
Signature of Treasure	Mrs. Ere	en Akman		[E	lectronically	Filed]	Date	09	14] / [Y	20	11
NOTE: Submission of		ous, or incomple							penalties	s of 2 l	J.S.C.	§437g.
Office				Fo	r further info	rmation co	ontact:					

Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised 0)	2/2009)	Page 3
Write or Type Committee Name		
Sierra Nevada F	PAC	
6. Name of Any Connected On	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Sierra Nevada Corpora	tion	
	444 Salomon Circle	
Mailing Address		
	CITY STATE Z	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in poss	ession of committee
Mr. Murat C	Dzbek	
Full Name	444 Salomon Circle	
Mailing Address		
	Sparks	
	Sparks	
Title or Position	CITY STATE Z	IP CODE
Custodian		49 - 6002
8. Treasurer: List the name and	address (phone number optional) of the treasurer of the committee; and the name	ne and address of
any designated agent (e.g., as	ssistant treasurer).	
Full Name Mrs. Eren A of Treasurer	kman	
Mailing Address	444 Salomon Circl	
	Sparks	
Title or Position	CITY STATE Z	IP CODE
Treasurer		31 - 0222

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Full Name of Designated	Mr. Murat Ozbek	
Agent		
Mailing Address	444 Salomon Circle	
	Sparks	89434
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
 Banks or Other safety deposit both Name of Bank, I 	r Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds. Depository, etc.	as, noids accounts, tents
	Bank of America	
Mailing Address	P.O Box 29000	
	Reno	89513
	Reno NV CITY STATE	89513 ZIP CODE
Name of Bank, I	CITY STATE	
Name of Bank, I	CITY STATE	
Name of Bank, I	CITY STATE Depository, etc.	
	CITY STATE Depository, etc.	
	CITY STATE Depository, etc.	