



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
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SECRETARY OF STATE
 ELECTIONS DIVISION

#1307

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(4)(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: _____
 Republican State Leadership Committee 202-448-5160

Mailing Address: _____
 1201 F Street, NW, Suite 675 Washington DC 20004
Street Name, Number City State Zip Code

PAC Active Email Address: sgoede@rslc.gop

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

To make political expenditures in the State of Nevada.

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: _____
 Ryan M. Erwin 702-240-2001

Physical Address: _____
 9500 West Flamingo Road, Suite 203 Las Vegas NV 89147
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.

 Signature of Registered Agent

Date: 6/6/16



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: _____ Telephone: _____
 Matthew C. Walter, President 202-448-5160

Mailing Address: _____
 1201 F Street, NW, Suite 675 Washington DC 20004
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 Staci A. Goede 202-448-5160

Mailing Address: _____
 1201 F Street, NW, Suite 675 Washington DC 20004
 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:
 X Staci A. Goede Printed Name: Staci A. Goede Date: 6/7/16 Telephone: 202-448-5160
 Signature of Representative of Group