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02/13/2015 #2476

Office of the
Secretary of State
Barbara K. Cegavske
Barbara K. Cegavske
Elections Division



BARBARA K. CEGAVSKE
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State of Nevada
Committee for Political Action
(PAC)
Registration Form
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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:
Nevadans for Protecting Our Rights 775-335-9999
Mailing Address:
 Reno NV 89509
Street Name, Number City State Zip Code

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

To support efforts to protect Nevadans' access to justice.

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:
Thomas E. Drendel 775-335-9999
Physical Address:
 Reno NV 89509
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:
2/13/2015



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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:
Thomas E. Drendel 775-335-9999

Mailing Address:
6900 S. McCarran Blvd. #2000 Reno NV 89509
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:

X
Signature of Representative of Group

Printed Name: Date: Telephone:
Tiffany Breinig 2/13/2015 702-778-2274