



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

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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(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:
 Mailing Address:
Street Name, Number City State Zip Code

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

Stop The Sandoval Tax

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:
 Physical Address:
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.

X Date:
Signature of Registered Agent



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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: Todd Bailey Telephone: 775-247-4122

Mailing Address: P.O. Box 18,888 Reno NV 89511
 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:

Todd Bailey
 Signature of Representative of Group

Printed Name: Todd Bailey

Date: 3-18-15 Telephone: 775-247-4122