



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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RECEIVED

JUN - 8 2015
 K. Hut
 SECRETARY OF STATE
 ELECTIONS DIVISIONS
 #2490

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: _____
 NV 80 775 682 0856

Mailing Address: _____
 P.O. Box 527 Carson City NV 89707
 Street Name, Number City State Zip Code

PAC Active Email Address: _____

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

Petition for ballot referendum.
 Advocate for passage of ballot question.

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: _____
 Theresa Catalani 775 682 0856

Physical Address: _____
 495 Industrial Pk. Dr #3 Carson City NV 89701
 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 T. Catalani Date: June 8, 2015
 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: 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

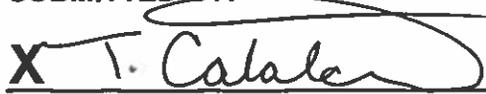
Officer Name and Title: Telephone:
 Mailing Address:
 Street Name, Number City State Zip Code

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:
  Printed Name: Date: Telephone:
 Signature of Representative of Group