



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

#2503

**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 Change Address
 Previous Name of PAC
- Other:

Name of Committee: Women's Leadership Alliance Telephone: 702-324-0404

Mailing Address: 2052 Turquoise Ridge St. #105 Las Vegas NV 89117
 Street Name, Number City State Zip Code

PAC Active Email Address: _____

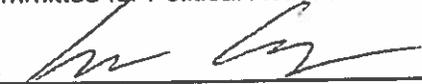
PURPOSE: Briefly state the purpose for which the PAC was organized.
To recruit and elect women to the Nevada State Senate.

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: Charles Gallagher Telephone: 702-506-3782

Physical Address: 2052 Turquoise Ridge St. #105 Las Vegas NV 89117
 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: 7-27-2016
 Signature of Registered Agent



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 Page 2

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

Officer Name and Title: _____ Telephone: _____
 Becky Harris (Director) 702-324-0404

Mailing Address: _____
 8242 Sweetwater Creek Way Las Vegas NV 89113
 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: _____

Women's Leadership Alliance

Mailing Address: _____
 2052 Turquoise Ridge St. #105 Las Vegas NV 89117
 Street Name, Number City State Zip Code

Name of Organization: _____ Telephone: _____

Republican Majority Alliance

Mailing Address: _____
 2052 Turquoise Ridge St. #105 Las Vegas NV 89117
 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:
 Charles Gallagher

Date:
 7-27-2016

Telephone:
 702-506-3782