



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5705
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Office of the
 Secretary of State
Barbara Cegavske
 Barbara Cegavske
 Elections Division

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 1

JStokes
1/15/2016
 #2504

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: Telephone:
 RIP Commerce Tax, Inc. 775-882-2935

Mailing Address: Carson City NV 89703
 1009 Spencer St. City State Zip Code
 Street Name, Number

PAC Active Email Address: ripcommercetax.com

PURPOSE: Briefly state the purpose for which the PAC was organized.
 To prepare and file a Referendum on Provisions Related to the Commerce Tax From Senate Bill No. 483 of the 2015 Legislative Session, and activities related thereto..

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:
 Robert Beers 702-592-8822

Physical Address: Las Vegas NV 89117
 8250 W. Charleston Blvd., Ste. 100 City State Zip Code
 Street Name, Number

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Robert Beers
 Signature of Registered Agent Date: January 15, 2016



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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:
 No changes from 2015 Registration Form
 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:
 No changes from 2015 Registration Form
 Mailing Address:

Street Name, Number City State Zip Code
 Name of Organization: Telephone:

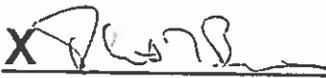
Mailing Address:

Street Name, Number City State Zip Code
 Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

SUBMITTED BY:


 Signature of Representative of Group

Printed Name:
 Robert Beers

Date:
 01/15/16

Telephone:
 702-592-8822