



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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Office of the
 Secretary of State
Barbara Cegavske
 Barbara Cegavske
 Elections Division

JStokes
 09/04/2015

ID# 2508

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 Change Address
Previous Name of PAC
- Other:

Name of Committee:

Ax the Tax PAC

Telephone:

Mailing Address:

767 Benedict Drive

Mt. Reagan

NV 89110

Street Name, Number

City

State Zip Code

PAC Active Email Address: chuckmuth@earthlink.net

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

To fight efforts to increase taxes, including taxes disguised as "fees," as well as combat taxation propoganda disseminated by liberal blogger Jon Ralston, et. al.

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:

Chuck Muth

Telephone:

Physical Address:

767 Benedict Drive

Mt. Reagan

NV 89110

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

Chuck Muth

Date:

9/4/15

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: _____

Chuck Muth
Mailing Address: _____

767 Benedict Drive
Street Name, Number _____ Mt. Reagan
City _____ NV 89110
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

Printed Name: _____ Date: _____ Telephone: _____

Chuck Muth 9/4/15

Signature of Representative of Group