



BARBARA K. CEGAVSKE
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JAN 14 2016

SECRETARY OF STATE
 ELECTIONS DIVISION

2529

**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: New Majority PAC Telephone: 775-221-2502

Mailing Address: 68 Amigo Ct. Sparks NV 89441
Street Name, Number City State Zip Code

PAC Active Email Address: newmajoritypacnv@gmail.com

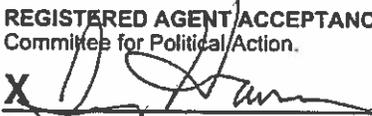
PURPOSE: Briefly state the purpose for which the PAC was organized.
To recruit and support conservative candidates for public office.

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: Ira Hansen Telephone: 775-221-2502

Physical Address: 68 Amigo Ct. Sparks NV 89441
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: 1/14/15
 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:

Ira Hansen Manager
 Mailing Address:

68 Amigo Ct.
 Street Name, Number

Sparks
 City

Telephone:
 775-221-2502

NV 89441
 State Zip Code

Officer Name and Title:

Alexis Hansen Manager
 Mailing Address:

68 Amigo Ct.
 Street Name, Number

Sparks
 City

Telephone:
 775-221-2500

NV 89441
 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:
 Ira Hansen

Date:
 1/14/15

Telephone:
 775-221-2502

Signature of Representative of Group