



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
 2/05/2016

2538

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 Previous Name of PAC
- Other:

Name of Committee:
Silver State Leadership

Telephone:
702-900-0998

Mailing Address:
P.O. Box 530 364 *Henderson*
Street Name, Number City

NV 89053
State Zip Code

PAC Active Email Address: *info@Silverstateleadership.com*

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

To support candidates running for elected 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:
Stephen Silberkraus

Telephone:
702 900 0998

Physical Address:
2135 Falcon Pointe Ln. *Henderson*
Street Name, Number City

NV ~~89053~~ 89074
State Zip Code

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

[Signature]
 Signature of Registered Agent

Date:
2-5-16



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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: *Stephen H. Silberkraus - Agent* Telephone: *702 900 0998*
 Mailing Address: *PO Box 530 364 Henderson NV 89057*
 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:

X  Printed Name: *Stephen Silberkraus*

Date: *2-5-16* Telephone: *702 900 0998*

Signature of Representative of Group