



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
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Office of the
 Secretary of State
Barbara Cegavske
 Barbara Cegavske
 Elections Division

JStokes
 3/08/2016 #2540

**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: _____ Telephone: _____
 Citizens for Solar and Energy Fairness

Mailing Address:
 402 N Division Street Carson City NV 89703
 Street Name, Number City State Zip Code

PAC Active Email Address: none

PURPOSE: Briefly state the purpose for which the PAC was organized.
 To advocate for and/or oppose initiatives and/or referenda regarding distributed generation and for all other lawful purposes.

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: _____
 Allison MacKenzie Ltd. 775-687-0202

Physical Address:
 402 N Division Street Carson City NV 89703
 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.

[Signature] Date: 03/08/2016
 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:
 James R. Cavilia - Director
Telephone:
 775-687-0202

Mailing Address:
 PO Box 646
 Street Name, Number
 Carson City
 City
 NV 89702
 State Zip Code

Officer Name and Title:
 Chrissie Hastie - Secretary
Telephone:
 702-259-5559

Mailing Address:
 PO Box 751271
 Street Name, Number
 Las Vegas
 City
 NV 89136
 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:
 None
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
 Signature of Representative of Group

Printed Name:
 Chrissie Hastie

Date:
 03/08/2016

Telephone:
 702-259-5559