BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

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#3581

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: Right Nevada
Telephone: 775-546-3471

Mailing Address: PO Box 2135 | Minden | NV | 89423
Street Name, Number | City | State | Zip Code

PAC Active Email Address: jim@wheeler4nevada.org

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

To help conservative candidates in general elections,
To educate candidates on issues.

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: Jim Wheeler
Telephone: 775-546-3471

Physical Address: 1986 Palomino Ln. | Gardnerville | NV | 89410
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 [signature]
Signature of Registered Agent

Date: 6-13-16

EL400
Revised: 11-5-15

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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: Jim Wheeler
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

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 on file
Signature of Representative of Group

Printed Name: Jim Wheeler
Date: 6-13-16
Telephone: 775-546-3471

EL400
Revised: 11-5-15