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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

Office of the
Secretary of State
Barbara Cegavske
Barbara Cegavske
Elections Division

**State of Nevada
Committee for Political Action
(PAC)
Registration Form
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JStokes
9/14/2016 #3602

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: No Handouts to Billionaires Committee Telephone: 702 596-1482

Mailing Address: 1891 Whitney Mesa Henderson NV 89014
Street Name, Number City State Zip Code

PAC Active Email Address: Notobillionaires@gmail.com

PURPOSE: Briefly state the purpose for which the PAC was organized.
 This Committee was formed to oppose the job-killing, and victimization of consumers by billionaires in Nevada who are trying to deregulate energy. The No Handouts to Billionaires Committee is advocating for No on Question 3.

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: Beverly Salhanick Telephone: 702 227-0787

Physical Address: 2001 South Jones, Suite T Las Vegas NV 89146
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.

Beverly Salhanick Date: September 14, 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: Gail Tuzzolo, Chairman Telephone: 702 596-1482
Mailing Address: 9213 Pitching Wedge Drive Las Vegas NV 89134
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:

Gail C. Tuzzolo
Signature of Representative of Group

Printed Name:
Gail C. Tuzzolo

Date:
9/14/16

Telephone:
702 5961482