



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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 08/31/2015 #778

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

**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(3)(b))

Amended Registration: Change Officers Change Registered Agent Change Address
 check all that apply

Change Name
 Previous Name of PAC

Other:

Name of Committee: Nevada Auto Dealers Election Action Committee NADEAC Telephone: 775-331-6884

Mailing Address:

P.O. Box 7320 Reno NV 89510
 Street Name, Number City State Zip Code

PAC Active Email Address: nvfada@yahoo.com

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

Providing assistance to the election campaigns of Nevada State Legislative and Constitution elections. NADEAC is a non-partisan, as well as, a non-profit political action committee.

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: Greg Heinrich Telephone: 775-331-6884

Physical Address:

255 Glendale Ave, St 6 Sparks NV 89431
 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.

Greg Heinrich
 Signature of Registered Agent

Date: 8/28/2015



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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: _____ Telephone: _____
 Greg Heinrich, President _____ 775-331-6884

Mailing Address:
 P.O. Box 7320 _____ Sparks _____ NV 89431
 Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____
 Justin Findlay, Secretary/Treasurer _____ 775-331-6884

Mailing Address:
 P.O. Box 7320 _____ Sparks _____ NV 89431
 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:

Greg Heinrich
 Signature of Representative of Group

Printed Name: _____ Date: _____ Telephone: _____
 Greg Heinrich _____ 8/28/2015 _____ 775-331-6884