



BARBARA K. CEGAVSKE  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-3714  
 Phone: (775) 684-5705  
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H/D  
**RECEIVED**

APR 29 2015  
*R. K. R. K.*  
 SECRETARY OF STATE  
 ELECTIONS DIVISIONS  
 #843

**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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Dairy Farmers of America-Dairy Educational PAC      951-493-4900

Mailing Address: \_\_\_\_\_

170 N. Maple St STE 106      Corona      CA      92880  
 Street Name, Number      City      State      Zip Code

PAC Active Email Address: gstueve@dfamilk.com

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

To promote a stable business climate and further agricultural interests

**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: \_\_\_\_\_  
 Albert Trace      775-392-0593

Physical Address: \_\_\_\_\_

2529 Lena Court      Minden      NV      89423  
 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** *Albert Trace*  
 Signature of Registered Agent

Date: 4-22-15



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 Page 2

**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

**Officer Name and Title:**  
 George Mertens-Chairman  
**Telephone:**  
 707-935-1379

**Mailing Address:**  
 1100 Bonneau Road  
 Street Name, Number  
 Sonoma  
 City  
 CA 95476  
 State Zip Code

**Officer Name and Title:**  
 Gary Stueve-Treasurer  
**Telephone:**  
 951-493-4926

**Mailing Address:**  
 170 N Maple St Ste 106  
 Street Name, Number  
 Corona  
 City  
 CA 92880  
 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** *Gary Stueve* **Printed Name:** Gary Stueve **Date:** April 22, 2015 **Telephone:** 951-493-4926  
 Signature of Representative of Group