



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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 06/13/2014

Office of the
 Secretary of State

 Ross Miller
 Elections Division

#973

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 Change Address
 Previous Name of PAC
- Other:

Name of Committee: Telephone:
 CRC PAC 702-476-0881

Mailing Address:
 1725 S. Rainbow Suite 16-53 Las Vegas NV 89146
 Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
 Pursuing better government. Holding Candidates accountable to the people.

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:
 Tony Danc 702-476-0881

Physical Address:
 1725 S. Rainbow Suite 16-53 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.

X
 Signature of Registered Agent

Date:
 6/13/14



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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: Tony Dane Chairman Telephone: 702-476-0881
 Mailing Address: 1725 S. Rainbow Suite 16-53 Las Vegas NV 89146
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:
 Mailing Address:
 Street Name, Number City State Zip Code

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 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:

 Printed Name: Tony Dane Date: 6/13/14 Telephone: 702-476-0881
 Signature of Representative of Group