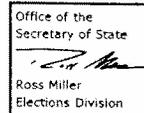


NFQJ



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701-4768  
Phone: (775) 684-5705  
Fax: (775) 684-5718  
Website: www.nvscs.gov



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**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:

Nevadaans for Qualified Judges  775-331-4555

Mailing Address:

<input type="text"/> 165 W. Liberty Street #110	<input type="text"/> Reno	<input type="text"/> NV	<input type="text"/> 89501
Street Name, Number	City	State	Zip Code

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

To advocate for the passage of SJR2 ballot measure during the 2010 general election.

**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:

Nicole Willis-Grimes  775-331-4555

Mailing Address:

<input type="text"/> 165 W. Liberty Street, Suite 110	<input type="text"/> Reno	<input type="text"/> NV	<input type="text"/> 89501
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.

Signature of Registered Agent

Date:  January 12, 2012



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State of Nevada  
**Committee for Political Action  
(PAC)**  
Registration Form  
Page 2

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

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 \_\_\_\_\_

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 \_\_\_\_\_  
Signature of Representative of Group

Date: Jan. 12, 2012

Telephone: 775-331-4555