

TCSMT



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10/08/2014

Office of the
Secretary of State
[Signature]
Ross Miller
Elections Division
#2433

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

Mailing Address:

Street Name, Number City State Zip Code

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

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:

Physical Address:

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] Date:
 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: Telephone:

Terry Mayfield 702.457.0556

Mailing Address:

2303 E Sahara #101 Las Vegas NV 89104

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

Printed Name: Date: Telephone:

Thomas Letizia 10/8/14 702.597.0743