

ABNPAC



ROSS MILLER
 Secretary of State
 Elections Division
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Office of the
 Secretary of State

 Ross Miller
 Elections Division

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 01/13/12

#1679

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: A Better Nevada PAC Telephone: (702) 350-2673

Mailing Address:
1210 S Valley View Blvd Ste 114 Las Vegas NV 89102
Street Name, Number City State Zip Code

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

To support candidates working to better the quality of life indicators in the state of Nevada.

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: Mike Luce Telephone: (702) 350-2673

Mailing Address:
62 E Serenc Ave #328 Las Vegas NV 89123
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: 1/13/12



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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:

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:

Sheila Leslie
 Signature of Representative of Group

Date:

Telephone: