



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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NEVADA
SECRETARY OF STATE

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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:
Battle Born Nevadan PAC

Telephone:
775-450-6114

Mailing Address:
770 US Hwy 395 N
Street Name, Number

Gardnerville
City

NV 89410
State Zip Code

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

To advocate for or against concepts that would hinder or advance the prosperity of the silver state.

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:
James Settelmeyer

Telephone:
775-450-6114

Physical Address:
770 US Hwy 395 N
Street Name, Number

Gardnerville
City

NV 89410
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:
April 21, 2014



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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: James Settelmeyer, Chairman **Telephone:** 775-450-6114
Mailing Address:
 770 US Hwy 395 N Gardnerville NV 89410
 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

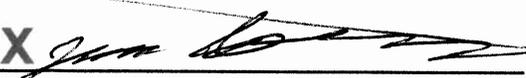
AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

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:


 Printed Name: James Settelmeyer
 Signature of Representative of Group

Date: April 21, 2014 **Telephone:** 775-450-6114