



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-4768
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 SECRETARY OF STATE
 ELECTIONS DIVISIONS
 #2394

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: _____
 Badges For Burns 702 885-9158

Mailing Address: _____
 PO Box 425 Logandale NV 89021
 Street Name, Number City State Zip Code

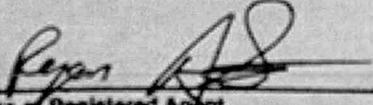
PURPOSE: Briefly state the purpose for which the PAC was organized.
 To support the election of Larry Burns for Sheriff of Clark County, NV.

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: _____
 Ryan T. Anderson 702 885-9158

Physical Address: _____
 1979 Whitneys Dream Ave. Logandale NV 89021
 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: 04/11/14



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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: _____ Telephone: _____
 Ryan T. Anderson, Manager 702 885-9158

Mailing Address: _____
 PO Box 425 Logandale NV 89021
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 Michele B. Anderson, Secretary 702 493-1262

Mailing Address: _____
 PO Box 425 Logandale NV 89021
 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: Ryan Anderson Date: 04/11/14 Telephone: 702 885-9158