

# Committee for Political Action (PAC) Registration Form

462 State of Nevada

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one)  New registration  Amended registration (if amended list reason)

REASON FOR AMENDMENT:  Change in officers  Change resident agent  
 Other \_\_\_\_\_

NAME OF COMMITTEE: CITIZENS FOR ACCOUNTABLE AND RESPONSIBLE ELECTIONS (CARE)

Mailing Address: F.I. BOX 60122

BOULDER CITY, NEVADA 89006 (702) 288-9188  
City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

TO SECURE A MORE ACCOUNTABLE AND RESPONSIBLE ELECTION PROCESS IN CLARK COUNTY, NEVADA BY USE OF A PAPER BALLOT IN ALL ELECTIONS.

RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: LEE WAYNE HAYNES

Mailing Address: F.I. BOX 60122

BOULDER CITY, NV. 89006 (702) 288-9188  
City State Zip Telephone

## ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, LEE WAYNE HAYNES, hereby accept appointment as Resident Agent for the above named committee for political action.

Lee Wayne Haynes  
Signature of Resident Agent

April 14, 2000  
Date

FILED

MAY 02 2000

Dean Heller  
Secretary of State

853

**OFFICERS:**

(Please list the name, title and address of each officer.)

LEE-WAYNE HAYNES

Name

COORDINATOR

Title

P.O. Box 60122

Address

BOULDER CITY, NEVADA 89006

City/State/Zip

Name

Address

Title

City/State/Zip

Name

Address

Title

City/State/Zip

Name

Address

Title

City/State/Zip

Name

Address

Title

City/State/Zip

**AFFILIATION:** (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

**Name of Organization:**

**Address:**

N/A

N/A

N/A

N/A

N/A

N/A

**Submitted By:**

Lee Wayne Haynes

Name of representative of group

April 14, 2000

Date

Send Completed Form to:  
**SECRETARY OF STATE**  
**CAPITOL COMPLEX**  
**CARSON CITY, NEVADA 89710**

**PHONE: (702) 687-3176    FAX: (702) 687-6913**