

CRC



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

KRut
06/13/2014

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

#973

**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:
CRC PAC

Telephone:
702-476-0881

Mailing Address:
1725 S. Rainbow Suite 16-53
Street Name, Number

Las Vegas
City

NV 89146
State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
Pursuing better government. Holding Candidates accountable to the people.

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:
Tony Danc

Telephone:
702-476-0881

Physical Address:
1725 S. Rainbow Suite 16-53
Street Name, Number

Las Vegas
City

NV 89146
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X *[Signature]*
Signature of Registered Agent

Date:
6/13/14



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-4768
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: _____ Telephone: _____
 Tony Dane Chairman 702-476-0881
 Mailing Address: _____
 1725 S. Rainbow Suite 16-53 Las Vegas NV 89146
 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: Tony Dane Date: 6/13/14 Telephone: 702-476-0881
 Signature of Representative of Group