

CommKeep



ROSS MILLER
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01/15/13

Office of the
Secretary of State

Ross Miller
Elections Division

#981

**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 Other:
Previous Name of PAC

Name of Committee: The Committee to Keep Nevada Respectable Telephone: 702-796-1773
 Mailing Address: 11920 Southern Highlands Parkway, #300 Las Vegas NV 89141
 Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
The committee was organized to raise funds for an awareness campaign about Question 9 (2002)

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: Michael Phillips Telephone: 702-796-1773
 Mailing Address: 11920 Southern Highland Parkway, #300 Las Vegas NV 89141
 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.

Michael Phillips
Signature of Registered Agent

Date: 1/15/2013



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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: Stan Olsen, Managing Director Telephone: 702-796-1773
 Mailing Address: 11920 Southern Highlands Parkway Las Vegas NV 89141
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:
 Mailing Address: Street Name, Number City State Zip Code Telephone:

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 Mailing Address: Street Name, Number City State Zip Code Telephone:

Officer Name and Title: Telephone:
 Mailing Address: Street Name, Number City State Zip Code Telephone:

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 Telephone:

Name of Organization: Telephone:
 Mailing Address: Street Name, Number City State Zip Code Telephone:

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 Mailing Address: Street Name, Number City State Zip Code Telephone:

SUBMITTED BY:

X Michael H. Phillips
 Signature of Representative of Group

Date: 1/15/2013

Telephone: 702-796-1773