



**ROSS MILLER**  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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Office of the  
 Secretary of State  
 Ross Miller  
 Elections Division

#699

**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:  Telephone:

DOCPAC of Nevada  800-421-2368

Mailing Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
185 Greenwood Road	Napa	CA	94558
Street Name, Number	City	State	Zip Code

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

A PAC funded by contributions from insureds of The Doctors Company, organized for the purpose of medical liability.

**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:

Hi V. Jeppson  775-324-5583

Mailing Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P.O. Box 20069	Reno	NV	89515
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:



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**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:**

**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

**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

**Date:**

**Telephone:**