



ROSS MILLER
Secretary of State
Elections Division
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SECRETARY OF STATE
ELECTIONS DIVISIONS
#1758

State of Nevada
Committee for Political Action
(PAC)
Registration Form
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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: _____
DESERT PROTECTORS POLITICAL ACTION COMMITTEE, INC. 775-304-4589

Mailing Address:
PO BOX 1130 WINNEMUCCA NV 89446
Street Name, Number City State Zip Code

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

To prevent the opening and/or operation of the proposed landfill by Jungo Land and investment, Inc. on the desert playa in Humboldt County and to generally protect the high desert from abusive development and/or degradation.

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: _____
Robert E. Dolan, Esq. 775-625-3200

Mailing Address:
545 Hanson Street Winnemucca NV 89445
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.

X
Signature of Registered Agent

Date: 1/11/13



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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: _____
 Massey K. Mayo, Esq., President 775-304-4589

Mailing Address: _____
 4163 Two Rock Drive Winnemucca NV 89445
 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 *Massey K. Mayo*

 Signature of Representative of Group

Date: *January 10, 2013*

Telephone: _____
 775-304-4589