



ROSS MILLER  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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ECPAC

**FILED**

JAN 10 2012

*R. Kut*  
 SECRETARY OF STATE  
 ELECTIONS DIVISION  
 #1970

**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:

Mailing Address:      
 Street Name, Number      City      State      Zip Code

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

To participate in Nevada (non-federal) campaigns

**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:

Mailing Address:      
 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.

*Gordon H. DePaoli*  
 Signature of Registered Agent

Date: *Jan. 9, 2012*



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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: Charles W. Scharer, President Telephone: 775 783 6014

Mailing Address: 1300 Buckeye Road, Suite A Minden NV 89423  
 Street Name, Number City State Zip Code

Officer Name and Title: Steve S. Johnson, Vice-President Telephone: 775 827 2000

Mailing Address: 4785 Caughlin Parkway Reno NV 89519  
 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 Date: Telephone:  
 Signature of Representative of Group