

ERHC



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 Secretary of State
 Elections Division
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Office of the
 Secretary of State
 Ross Miller
 Elections Division

#2149

**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: Emergency Responders of Humboldt County Telephone: 775-623-3379

Mailing Address:
 PO Box 193 Winnemucca NV 89445
Street Name, Number City State Zip Code

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

Raise funds to support local and state candidates that support our local emergency responders.

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: Debra A. Whittaker Telephone: (775)623-3379

Mailing Address:
 PO Box 193 Winnemucca NV 89446
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.

Debra Whittaker Date: 1/15/2012
 Signature of Registered Agent



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 Page 2

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

Officer Name and Title: Debra Whittaker - Treasurer **Telephone:** (775)623-3379

Mailing Address:
 PO Box 193 **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:

Debra Whittaker
 Signature of Representative of Group

Date: 1/15/2012 **Telephone:** (775) 623-3379