

JAPFAC



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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ROSS MILLER
SECRETARY OF STATE
2012 OCT -4 A 8:15
FILED
CARSON CITY
NEVADA
#2287
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: Just Another Politician PAC Telephone: _____
Mailing Address: P.O. Box 18,888 Reno NV 89511
Street Name, Number City State Zip Code

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

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: Todd Bailey Telephone: 775 247-4122
Mailing Address: P.O. Box 18,888 Reno NV 89511
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.

Todd Bailey Date: 10-4-2012
Signature of Registered Agent



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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: <i>Todd Benney</i> | | Telephone: <i>775-247-4122</i> |
| Mailing Address: <i>P.O. Box 10, 895</i> | | |
| Street Name, Number | City <i>Reno</i> | State Zip Code <i>NV 89511</i> |

| | | |
|-------------------------|------|----------------|
| 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 *Todd Benney*
 Signature of Representative of Group

Date: *10-4-2012*

Telephone: *775-247-4122*