



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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 01/06/2015

Office of the
 Secretary of State
Barbara Cegavske
 Barbara Cegavske
 Elections Division

#138

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:

<input type="text" value="P.O. Box 93596"/> <small>Street Name, Number</small>	<input type="text" value="Las Vegas"/> <small>City</small>	<input type="text" value="NV"/> <small>State</small>	<input type="text" value="89193-3596"/> <small>Zip Code</small>
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PURPOSE: Briefly state the purpose for which the PAC was organized.

To advocate and promote the protection and improvement of Nevada's business environment.

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:

Physical Address:

<input type="text" value="400 S. Rampart Blvd., Suite 400"/> <small>Street Name, Number</small>	<input type="text" value="Las Vegas"/> <small>City</small>	<input type="text" value="NV"/> <small>State</small>	<input type="text" value="89145"/> <small>Zip Code</small>
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REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Matthew Saltzman Date:
 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: **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:

Matthew Saltzman **Printed Name:** **Date:** **Telephone:**

Signature of Representative of Group

**STATE OF NEVADA
COMMITTEE FOR POLITICAL ACTION (PAC)
REGISTRATION FORM FOR
KEYSTONE CORPORATION**

Officers (Continued)

Officer Name and Title

Matthew D. Saltzman - Secretary
P.O. Box 93596
Las Vegas, NV 89193-3596
(702) 952-2456