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DEAN HELLER
SECRETARY OF STATE
State of Nevada

Committee for Political Action (PAC) Registration Form

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) New registration Amended registration (if amended, list reason)

REASON FOR AMENDMENT: Change in officers Change resident agent
 Other _____

NAME OF COMMITTEE: Nevadans for Nevada

Mailing Address: 1701 Whitney Mesa Drive, Suite 102

Henderson NV 89014 702-459-5288
City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)
To advocate for or against ballot measures in the State of Nevada.

RESIDENT AGENT: (Pursuant to NRS 294A.240, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

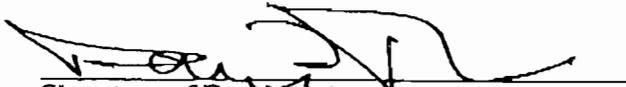
Name of Resident Agent: Danny L. Thompson

Mailing Address: 1701 Whitney Mesa Drive, Suite 102

Henderson NV 89014 702-459-5288
City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, Danny L. Thompson, hereby accept appointment as Resident Agent for the above named committee for political action.



Signature of Resident Agent

7-13-2006

Date

OFFICERS: (Please list the name, title, address and telephone number of each officer.)

<u>Danny L. Thompson</u>	<u>1701 Whitney Mesa Drive, Suite 102</u>
Name	Address
<u>Treasurer 702-459-5288</u>	<u>Henderson, NV 89014</u>
Title Telephone Number	City/State/Zip
<u>Gail Tuzzolo</u>	<u>1701 Whitney Mesa Drive, Suite 102</u>
Name	Address
<u>Director 702-459-5288</u>	<u>Henderson, NV 89014</u>
Title Telephone Number	City/State/Zip
<u> </u>	<u> </u>
Name	Address
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Title Telephone Number	City/State/Zip
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Title Telephone Number	City/State/Zip
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Name	Address
<u> </u>	<u> </u>
Title Telephone Number	City/State/Zip

AFFILIATIONS: (If the committee for political action is affiliated with any other organizations, list the name, address and telephone number of each organization.)

Name of Organization:	Address:	Telephone No.:
<u> </u>	<u> </u>	<u> </u>
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Submitted By:

<u> </u>	<u> </u>
Name of representative of group	Date

Send Completed Form to:
SECRETARY OF STATE
101 NORTH CARSON STREET #3
CARSON CITY, NEVADA 89701-4786

PHONE: (775) 684-5705 FAX: (775) 684-5718