

Committee for Political Action (PAC) Registration Form

FILED

#1457 830

MAY 09 1999

State of Nevada

Dean Heller
Secretary of State

[Handwritten signature]

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: Nevada Independent Voters

Mailing Address:

524 Halcomb Ave.
Reno NV 89502 322-1153
City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

To raise funds and direct, produce and place ~~radio~~
Radio, Television and newspaper advertisements endorsing ~~candidates~~
candidates.

RESIDENT AGENT: (Pursuant to NRS 294A.260, 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: Carter R. King

Mailing Address:

524 Halcomb Ave
Reno NV 89502 322-1153
City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, Carter KING, hereby accept appointment as Resident Agent for the above named committee for political action.

[Handwritten signature of Carter King]

Signature of Resident Agent

5/5/99
Date

OFFICERS:

(Please list the name, title and address of each officer.)

Carter R King
Name

President
Title

Dr. Jeff Burres
Name

Vice President
Title

Garrett Sutton
Name

Vice President
Title

Scott Moreland
Name

Treasurer
Title

Name

Title

524 Helcomb Ave
Address

Reno, NV 89502
City/State/Zip

2304 Oddie Blvd
Address

Sparks, NV
City/State/Zip

548 California Ave
Address

Reno, NV. 89509
City/State/Zip

cp 524 Helcomb Ave
Address

Reno, NV 89502
City/State/Zip

Address

City/State/Zip

AFFILIATION:

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

Name of Organization:

Address:

Submitted By: Carter R. King
[Signature]
Name of representative of group

5/5/99
Date

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

PHONE: (702) 687-3176 FAX: (702) 687-6913