



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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 Website: www.nvsos.gov

NV Progress

FILED

JAN 17 2012
K. Rut
 SECRETARY OF STATE
 ELECTIONS DIVISION
 # 2117

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:

Nevada Progress

Telephone:

775 333-6564

Mailing Address:

825 Humboldt St

Reno

NV 89509

Street Name, Number

City

State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
 Any and all activities legally allowed.

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:

Julie Wedge

Telephone:

775 750-7345

Mailing Address:

2725 Everett Drive

Reno

NV 89503

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.


 Signature of Registered Agent

Date:

1/9/12



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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: _____
 Sheila Leslie, Chair 775 333-6564
 Mailing Address: _____
 825 Humboldt St. Reno NV 89509
 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:

X Sheila Leslie
 Signature of Representative of Group

Date: 1/9/12

Telephone: 775 333-6564