



ROSS MILLER
 Secretary of State
 Elections Division
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 Office of the
 Secretary of State
 Ross Miller
 Elections Division
 #2386

**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:

Street Name, Number City State Zip Code

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

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:

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.

David O'Mara Date:
Signature of Registered Agent



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 Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: James Hartman (President)	Telephone: 775.392.1128
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Mailing Address:			
P.O. Box 194	Genoa	NV	89411
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Officer Name and Title:	Telephone:
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Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Officer Name and Title:	Telephone:
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Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Officer Name and Title:	Telephone:
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Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

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:
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Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Name of Organization:	Telephone:
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Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Name of Organization:	Telephone:
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Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

SUBMITTED BY:

Signature of Representative of Group <i>X James Hartman</i>	Printed Name: James Hartman	Date: 3.5.14	Telephone: 775.392.1128
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