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SECRETARY OF STATE
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**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="570 Reactor Way"/>	<input type="text" value="Reno"/>	<input type="text" value="NV"/>	<input type="text" value="89502"/>
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

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

To influence or attempt to influence the selection, nomination, election or appointment of candidates for State or Local public office.

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="570 Reactor Way"/>	<input type="text" value="Reno"/>	<input type="text" value="NV"/>	<input type="text" value="89502"/>
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

 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: 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:

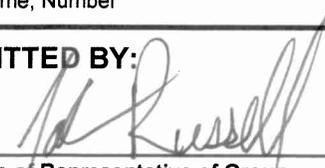
 Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

SUBMITTED BY:

 Printed Name: Date: Telephone:

Signature of Representative of Group