



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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JUN - 6 2014  
*K Rut*  
SECRETARY OF STATE  
ELECTIONS DIVISIONS  
#2397

**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: check all that apply
  - Change Officers
  - Change Registered Agent
  - Change Address
  - Change Name
  - Other: change address for officer Gantt

Name of Committee: RAGA Nevada PAC Telephone: (617) 848-8887

Mailing Address: 1747 Pennsylvania Avenue, NW, Suite 800 Washington DC 20006  
Street Name, Number City State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
To support the Republican nominee for attorney general

**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: Hutchison & Steffen, LLC Telephone: (702) 385-2500

Physical Address: 10080 W. Alta Drive, Suite 200 Las Vegas NV 89145  
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.

No change--signature on file

Date: 6/6/2014

Signature of Registered Agent



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**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
 Page 2

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

**Officer Name and Title:** Charles Gantt, Treasurer **Telephone:** (617) 848-8887  
**Mailing Address:**  
 %Red Curve Solutions, 500 Cummings Center, Ste 4400 Beverly  
 Street Name, Number City State Zip Code MA 01915

**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:** Republican Attorneys General Association **Telephone:** (617) 848-8887  
**Mailing Address:**  
 1747 Pennsylvania Avenue, NW, Suite 800 Washington DC 20006  
 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:** Charles Gantt **Date:** 6/6/2014 **Telephone:** 617-848-8887  
 Signature of Representative of Group