

RU



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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06/04/12

Office of the
Secretary of State
[Signature]
Ross Miller
Elections Division

#2241

**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 Change Name
Previous Name of PAC
- Other:

Name of Committee:

Republicans United

Telephone:

206-641-7255

Mailing Address:

5050 State Highway 303 Suite 103-212

Bremerton

WA 98311

Street Name, Number

City

State Zip Code

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

Supporting Conservative Republican Ideas and Candidates

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: **THE UPS STORE #97
1350 E. FLAMINGO RD.
LAS VEGAS, NV 89119
(702) 732-0024**

Telephone:
206-641-7255

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]
Signature of Registered Agent

Date:



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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: _____
 Reggie LaGow 206-641-7255
Mailing Address: _____
 5050 State Highway 303 Suite 103-212 Bremerton WA 98311
 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:

[Signature]
 Signature of Representative of Group

Date: 6/4/12

Telephone: 206-641-7255