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 Secretary of State
 Elections Division
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 SECRETARY OF STATE
 ELECTIONS DIVISION

#1375

**State of Nevada
 Committee for Political Action
 (PAC)
 Registration Form
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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:
 Raggio Political Fund (fka Senate Republican Leader's Fund) (775) 788-2292

Mailing Address:
 P.O. Box 281 Reno NV 89504
 Street Name, Number City State Zip Code

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

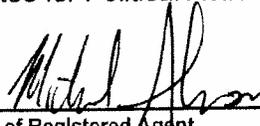
The PAC was organized to raise funds for political campaigns and to disseminate information regarding political issues.

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:
 Michael Alonso (775) 786-5000

Mailing Address:
 P.O. Box 281 Reno NV 89504
 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: 1/10/12



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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:

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:

X 
 Signature of Representative of Group

Date:

Telephone: