

SL PAC



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-4768
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

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 07/20/12

Office of the
 Secretary of State
 Ross Miller
 Elections Division

#2260

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: Senate Legacy PAC Telephone: 775-426-9264

Mailing Address:
770 Wildes Road Fallon NV 89406
 Street Name, Number City State Zip Code

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

To Secure a Republican Majority in the Nevada State Senate.

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: Jodi Stephens Telephone: 775-830-4711

Mailing Address:
5501 Spandrell Circle Sparks NV 89436
 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: 07/20/2012



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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:** _____
 Mike McGinness 775-426-9264

Mailing Address: _____
 770 Wildes Road Fallon NV 89406
 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: _____

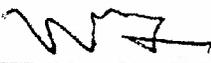
 Street Name, Number City State Zip Code

Name of Organization: _____ **Telephone:** _____

Mailing Address: _____

 Street Name, Number City State Zip Code

SUBMITTED BY:

X 

 Signature of Representative of Group

Date: 07/20/2012

Telephone: 775-426-9264