



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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RECEIVED

SEP 23 2014  
K. R. Miller  
SECRETARY OF STATE  
ELECTIONS DIVISIONS  
#970

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  Previous Name of PAC
  - Other:

Name of Committee:  United Nevada Telephone:

Mailing Address:  P.O. Box 3499 Reno NV 89505  
Street Name, Number City State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
 To provide support to and advocate for those candidates who portray a positive agenda for Northern Nevada

**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:  Brett J. Scolari Telephone:  775-343-7500

Physical Address:  100 West Liberty St. Suite 940 Reno NV 89501  
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:  9/22/14



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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: Telephone:  
 G. Dan Morgan Director 775-323-4500

Mailing Address:  
 170 S. Virginia Street, Suite 202 Reno NV 89501  
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:  
 Rick Reviglio, Director 775-359-5800

Mailing Address:  
 940 S. Rock Blvd Sparks NV 89431  
 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

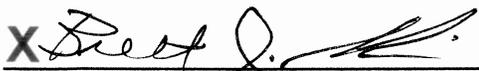
Name of Organization: Telephone:

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 of Representative of Group

Printed Name: Date:  
 Brett J. Scolari 9-22-2014 Telephone:  
775-343-7500