



BARBARA K. CEGAUSKE  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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H/D  
 NEVADA  
 SECRETARY OF STATE

2015 SEP 1 PM 1 49

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**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: Nevada Families for Privacy PAC      Telephone: (775) 787-6017

Mailing Address: \_\_\_\_\_

P.O. Box 33058 (1802 Rainbow Ridge Rd)      Reno      NV 89533  
Street Name, Number      City      State      Zip Code

PAC Active Email Address: angle@iglide.net

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

To support an initiative petition campaign, voter outreach

**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: Sharron Angle      Telephone: (775) 787-6017

Physical Address: \_\_\_\_\_

1802 Rainbow Ridge Road      Reno      NV 89533  
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.

Sharron Angle      Date: September 1, 2015  
 Signature of Registered Agent



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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: <i>Sharron Angle, Chair</i>	Telephone: <i>(775) 787-6017</i>
Mailing Address: <i>P.O. Box 33058</i>	
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: <i>Our Voice PAC</i>	Telephone: <i>(775) 787-6017</i>
Mailing Address: <i>P.O. Box 8262</i>	
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:**

*Sharron Angle* Printed Name: *Sharron Angle* Date: *Sept 1, 2015* Telephone: *(775) 787-6017*  
 Signature of Representative of Group