



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

H/D
 NEVADA
 SECRETARY OF STATE

2015 SEP 1 PM 1 51

KRut
 RECEIVED
 CARSON CITY NV
 #2371

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: Our Vote Nevada PAC Telephone: (775) 787-6017

Mailing Address: PO. 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
 Signature of Registered Agent

Date: September 1, 2015



BARBARA K. CEGAUSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

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: Sharron Angle, Chair Telephone: (775) 787-6017

Mailing Address: P.O. Box 33058
 Street Name, Number Reno City NV State 89533 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: Our Voice PAC Telephone: (775) 787-6017

Mailing Address: P.O. Box 8262
 Street Name, Number Reno City NV State 89507 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 Sharron Angle Printed Name: Sharron Angle Date: Sept 1, 2015 Telephone: (775) 787-6017
 Signature of Representative of Group