



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 53  
 K. Rut  
 RECEIVED  
 CARSON CITY NV  
 #2364

**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:  Telephone:

Mailing Address:      
Street Name, Number      City      State      Zip Code

PAC Active Email Address:

**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:  Telephone:

Physical Address:      
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:   
Signature of Registered Agent



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

**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 Reno NV 89533  
 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: Our Voice PAC Telephone: (775) 787-6017  
 Mailing Address:

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