



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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02/03/2014

Office of the  
Secretary of State  
  
Ross Miller  
Elections Division

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:

P.O. Box 8262 - 1802 Rainbow Ridge Rd  
Street Name, Number

Reno  
City

NV 89507  
State Zip Code

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

To advocate for the Voter ID initiative petition Constitutional amendment.

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:

Sharron Angle

775 787 6017

Physical Address:

1802 Rainbow Ridge Rd  
Street Name, Number

Reno  
City

NV 89507  
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action

X Sharron Angle  
Signature of Registered Agent

Date



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State of Nevada  
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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:	
Robert Fee Sec/Treas	775 787 6017	
Mailing Address:		
P.O. Box 8262	Reno	NV 89507
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:	
Our Voice PAC	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*  
Signature of Representative of Group

Printed Name: Sharron Angle

Date:

Telephone: 775 787 6017