



BARBARA K. CEGAVSKE  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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SECRETARY OF STATE  
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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: Our Vote Nevada 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.

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



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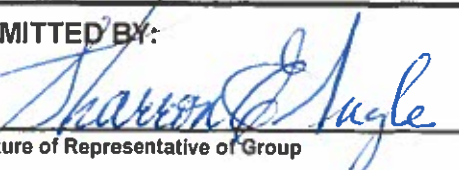
**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: <b>Sharron Angle, Chair</b>	Telephone: <b>(775) 787-6017</b>
Mailing Address: <b>P.O. Box 33058</b>	
Street Name, Number <b>Reno</b>	City <b>NY</b> State <b>89533</b> 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: <b>Our Voice PAC</b>	Telephone: <b>(775) 787-6017</b>
Mailing Address: <b>P.O. Box 8262</b>	
Street Name, Number <b>Reno</b>	City <b>NV</b> State <b>89507</b> 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**  Printed Name: **Sharron Angle** Date: **Sept 1, 2015** Telephone: **(775) 787-6017**  
Signature of Representative of Group