



BARBARA K. CEGAUSKE
Secretary of State
Elections Division
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State of Nevada
Committee for Political Action
(PAC)
Registration Form
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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 Voice 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 89523
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



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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:

Sharron Angle, Chair

(775) 787-6017

Mailing Address:

P.O. Box 33058

Street Name, Number

Reno
City

NV 89533
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

Street Name, Number

Reno
City

NV 89507
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

Signature of Representative of Group

Printed Name:

Sharron Angle

Date:

Sept 1, 2015

Telephone:

(775) 787-6017