

OFFICE OF THE SECRETARY OF STATE BALLOT QUESTION COMMITTEE INTEREST FORM



Complete each section below. If not applicable, enter "N/A" Type or print clearly.

Name		Home Phone	E-Mail	Fax
Street Address			City	Zip
Business Address			Business Phone	Business Fax
Name of Ballot Question				
Your position on the Ballot Q	uestion:	□ In Favor	□ Opposed	
If Representing An Organization Organization Name:	:			
Organization Address: _				
Organization Phone:	Organization Fax:			
Organization E-Mail:				
State your interest and qualifications to serve on this Ballot Question Committee in support of your position. Feel free to attach an additional page to fully present yourself.				

Notice: The information provided herein is subject to the Nevada Revised Statutes, and may be disseminated accordingly.

* This Ballot Question Committee is an Ad Hoc Committee. A person may serve on more than one committee. Members serve without compensation. Once the sample ballot is published, the responsibilities of the Ballot Question Committee will be complete.

THIS FORM MUST BE RECEIVED BY THE SECRETARY OF STATE ELECTIONS DEPARTMENT NO LATER THAN 5:00 p.m. ON JUNE 1, 2012. IF YOU MAIL YOUR FORM, ALLOW SUFFICIENT TIME FOR DELIVERY.

E-mail to: nvelect@sos.nv.gov

Fax to: 775-684-5718

Mail or Secretary of State, Elections Division

deliver to: 101 North Carson St., Suite 3, Carson City, NV 89701