



ROSS MILLER
 Secretary of State
 Elections Division
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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: _____ Telephone: _____
 Treasurer - JOHN D. MADOLE, JR. 775-329-6116

Mailing Address: _____
 P.O. BOX 7578 Reno NV 89510
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 Secretary - JOHN D. MADOLE, JR. 775-329-6116

Mailing Address: _____
 P.O. BOX 7578 Reno NV 89510
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 President - MARGARET CAVIN 775-356-8193

Mailing Address: _____
 633 OVERMYER RD. Sparks NV 89431
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 Director - CRAIG HOLT 775-355-0420

Mailing Address: _____
 P.O. BOX 50760 Sparks NV 89435
 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: _____
 Nevada Chapter AGC 775-329-6116

Mailing Address: _____
 5400 Mill Street Reno NV 89502
 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 *John D. Madole Jr.*
 Signature of Representative of Group

Date: 1/12/12

Telephone: 775-329-6116