



ROSS MILLER
Secretary of State
Elections Division
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SECRETARY OF STATE
ELECTIONS DIVISIONS
#2123

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: Independent Voters of Nevada (IVON) Telephone: (775) 354-3812
 Mailing Address: P.O. Box 60561 Reno NV 89506
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
As a forum for independent voters and independent-minded voters to build a collective voice, as well as to bring open primaries to Nevada, and other political process reforms.

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: Catana L Barnes Telephone: (775) 972-0327
 Physical Address: 7900 N. Virginia St., Spc. 274 Reno NV 89506
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.

Signature of Registered Agent

Date: 01/26/2014



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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: Catana L Barnes, President **Telephone:** (775) 972-0327
Mailing Address: 7900 N. Virginia St., Spc. 274 Reno NV 89506
Street Name, Number City State Zip Code

Officer Name and Title: Daniel Walton, Treasurer **Telephone:** (775) 847-7258
Mailing Address: P.O. Box 625 Virginia City NV 89440
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: Independent Voting.org **Telephone:** (212) 609-2800
Mailing Address: 225 Broadway, Ste. 2010 New York NY 10007
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:

Printed Name: Catana L Barnes

Date: 01/26/2014 **Telephone:** (775) 972-0327

Signature of Representative of Group