



ROSS MILLER  
Secretary of State  
Elections Division  
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SECRETARY OF STATE

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*SJ Capurro*

**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
  - Change Name
  - Other:

Name of Committee: Our Voice Nevada PAC Telephone: 775 787-6017

Mailing Address: P.O. Box 8262  
1802 Rainbow Ridge Rd Reno NV 89523  
Street Name, Number City State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
To advocate for the Healthcare Freedom Protection Act Initiative Petition Constitutional Amendment

**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 Rd  
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: January 14, 2014



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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: Sec/Treas Robert Fee Telephone: 775 787-6011

Mailing Address: P.O. Box 8262  
1802 Rainbow Ridge Rd Reno NV 89523  
 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

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: Our Voice PAC Telephone: 775 787-6011

Mailing Address: P.O. Box 8262  
1802 Rainbow Ridge Rd Reno NV 89523  
 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 Sharron Angle Printed Name: Sharron Angle Date: 1/14/14 Telephone: 775 787-6017  
 Signature of Representative of Group