



ROSS MILLER
 Secretary of State
 Elections Division
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FILED

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**State of Nevada
 Committee for Political Action
 (PAC)
 Registration Form
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SECRETARY OF STATE

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: Protecting Nevada Jobs Telephone: 702-240-0773

Mailing Address: 175 E. Reno Ave C-10 Las Vegas NV 89119
 Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.

To support an Education Campaign to defeat IPI of 2014.

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: BRYAN WACHER Telephone: 702-240-0773

Mailing Address: 175 E. Reno Ave C-10 Las Vegas NV 89119
 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.

X Bryan Wacher Date: 6-20-13
 Signature of Registered Agent



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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: Mary Lau - Director Telephone: 852-1706
 Mailing Address: 410 S. Minnesota Street Carson City NV 89703
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: Ruby Mountain Enterprises Telephone: 775-1771-8969
 Mailing Address: 175 E. Reno Ave e-10 Las Vegas NV 89119
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 [Signature] Date: 6-20-13 Telephone: 240-0773
Signature of Representative of Group