



BARBARA K. CEGAVSKE
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JAN - 5 2015
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SECRETARY OF STATE
ELECTIONS DIVISIONS
#2168

**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: check all that apply
 - Change Officers
 - Change Registered Agent
 - Change Address
 - Change Name Previous Name of PAC
 - Other:

Name of Committee: A Bolder Nevada Telephone: 702-293-7506
 Mailing Address: P. O. Box 60306 Boulder City NV 89006
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
Promote good government at all levels.

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: Jill Hardy Telephone: 702-293-7506
 Physical Address: 882 Fairway Drive Boulder City NV 89005
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.

Jill Hardy
Signature of Registered Agent

Date:
Jan. 5, 2015



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 Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: _____ Telephone: _____
 Dr. Joe Hardy _____ 702-581-3066
 Mailing Address: _____
 P. O. Box 60306 _____ Boulder City _____ NV 89006
 Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____
 Jill Hardy, vice-chair _____ 702-293-7506
 Mailing Address: _____
 882 Fairway Drive _____ Boulder City _____ NV 89005
 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: _____ Telephone: _____
 Mailing Address: _____
 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 Jill Hardy
 Signature of Representative of Group

Printed Name: Jill Hardy

Date: Jan. 5, 2015 Telephone: 702-293-7506