

*Incline Village 1*



**ROSS MILLER**  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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01/14/14

Office of the  
Secretary of State  
*[Signature]*  
Ross Miller  
Elections Division

#623

**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  
check all that apply
- Change Name: \_\_\_\_\_  
Previous Name of PAC
- Other: \_\_\_\_\_

Name of Committee: Incline Village Board of Realtors PAC Telephone: 775-831-3777

Mailing Address:  
924 Incline Way, Suite I Incline Village NV 89451  
Street Name, Number City State Zip Code

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

Protection of property rights in the Real Estate Industry

**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: Karen A. Marsa Telephone: 775-831-3777

Physical Address:  
924 Incline Way, Suite I Incline Village NV 89451  
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 *[Signature]*  
Signature of Registered Agent

Date: 1/14/14



**ROSS MILLER**  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-4788  
 Phone: (775) 684-5706  
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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:** Diane Brown, Chairman **Telephone:** 775-831-3777

**Mailing Address:**  
 924 Incline Way, Suite I **Incline Village** **NV** **89451**  
Street Name, Number City State Zip Code

**Officer Name and Title:** Blane Johnson, Trustee **Telephone:** 775-831-3777

**Mailing Address:**  
 924 Incline Way, Suite I **Incline Village** **NV** **89451**  
Street Name, Number City State Zip Code

**Officer Name and Title:** Tracy Saunders, Trustee **Telephone:** 775-831-3777

**Mailing Address:**  
 924 Incline Way, Suite I **Incline Village** **NV** **89451**  
Street Name, Number City State Zip Code

**Officer Name and Title:** Mike Young, Trustee **Telephone:** 775-831-3777

**Mailing Address:**  
 924 Incline Way, Suite I **Incline Village** **NV** **89451**  
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:** NVRPAC **Telephone:** 775-829-5911

**Mailing Address:**  
 760 Margrave Drive, Suite 200 **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 *Karen A. Marsa*

**Printed Name:** Karen A. Marsa **Date:** 1-14-14 **Telephone:** 775-831-3777

Signature of Representative of Group