STATE OF NEVADA
COMMITTEE FOR POLITICAL ACTION *(PAC)*
Registration Form

Secretary of State Ross Miller

LANDERLEAD

AF

2010 SEP -3 PM 1:42
LAS VEGAS, NEVADA
ROSS MILLER
SECRETARY OF STATE

COMMITTEE FOR POLITICAL ACTION: **(check one)**

☒ New Registration

☐ Amended Registration **(if amended, list reason)**

☐ Change Resident Agent ☐ Change of Address

☐ Change in Officers ☐ Other: _____

NAME OF COMMITTEE: Lander Leadership Political Action Committee

Mailing Address: 716 Helso Way

Las Vegas (City) NV (State) 89103 (Zip) 702-376-2557 (Telephone)

PURPOSE: (*Briefly state the purpose for which the Political Action Committee was organized.*)

To Solicit and accept voluntary contributions and, where permitted, make contributions to Federal, State, and local candidates and committees.

RESIDENT AGENT: *(Pursuant to NRS 294A.240, each Committee for Political Action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)*

Name of Resident Agent: Paul Larsen

Mailing Address: 300 S. 4th St. ; ste ~~1420~~ 1700

Las Vegas (City) NV (State) 89145 (Zip) 202-383-8819 (Telephone)

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, Paul E. Larsen, hereby accept appointment as Resident Agent for the above named Committee for Political Action.

X _____
Signature of Resident Agent

9/2/2010
Date

OFFICERS: (Please list the name, title, address and telephone number of each officer.)

NAME: Joanna Paul **ADDRESS:** 716 Kelso Way

TITLE: Treasurer

Las Vegas (City) NV (State) 89107 (Zip) 702-530-9310 (Telephone)

NAME: _____ **ADDRESS:** _____

TITLE: _____

City _____ State _____ Zip _____ Telephone _____

NAME: _____ **ADDRESS:** _____

TITLE: _____

City _____ State _____ Zip _____ Telephone _____

NAME: _____ **ADDRESS:** _____

TITLE: _____

City _____ State _____ Zip _____ Telephone _____

AFFILIATIONS

If the Committee for Political Action 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	Address & Telephone No.
Organization	City _____ State _____ Zip _____ Telephone _____
Organization	City _____ State _____ Zip _____ Telephone _____
Organization	City _____ State _____ Zip _____ Telephone _____

Submitted By:

X [signature] 9/2/10 702-530-9310

Signature of representative of group — Date — Telephone

Send completed form to:
SECRETARY OF STATE ROSS MILLER
ELECTIONS DIVISION
101 NORTH CARSON STREET, STE. 3
CARSON CITY, NEVADA 89701-4768
PHONE: (775) 684-5705 FAX: (775) 684-5718

Reset Form

Prescribed by Secretary of State
EL400 NRS 294A.230
(Rev. 10/07)