

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

FILED

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Secretary of State Ross Miller

COMMITTEE FOR POLITICAL ACTION: (check one)

- New Registration
- Amended Registration (if amended, list reason)
  - Change Resident Agent
  - Change of Address
  - Change in Officers
  - Other: \_\_\_\_\_

ROSS MILLER  
 SECRETARY OF STATE  
 2010 OCT 11 PM 3:08  
 LAS VEGAS, NEVADA  
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NAME OF COMMITTEE: Lyon County 2010 Liberty Fund

Mailing Address: 716 Kelso Way

<u>Las Vegas</u>	<u>NV</u>	<u>89107</u>	<u>(702) 376-2557</u>
City	State	Zip	Telephone

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

all legal purposes

**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. suite 1700

<u>Las Vegas</u>	<u>NV</u>	<u>89101</u>	<u>702-383-8814</u>
City	State	Zip	Telephone

**ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT**

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

X [Signature]  
Signature of Resident Agent

10/11/10  
Date

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

<b>NAME:</b> Joanna Paul	<b>ADDRESS:</b> 716 Kelso Way			
<b>TITLE:</b> Treasurer	Las Vegas	NV	89107	702-376-2557
	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Telephone</small>
<b>NAME:</b> _____	<b>ADDRESS:</b> _____			
<b>TITLE:</b> _____	_____	_____	_____	_____
	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Telephone</small>
<b>NAME:</b> _____	<b>ADDRESS:</b> _____			
<b>TITLE:</b> _____	_____	_____	_____	_____
	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Telephone</small>
<b>NAME:</b> _____	<b>ADDRESS:</b> _____			
<b>TITLE:</b> _____	_____	_____	_____	_____
	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Telephone</small>

**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)*

<u>Name of Organization</u>	<u>Address &amp; Telephone No.</u>			
Organization				
	_____	_____	_____	_____
	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Telephone</small>
Organization				
	_____	_____	_____	_____
	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Telephone</small>
Organization				
	_____	_____	_____	_____
	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Telephone</small>

<b>Submitted By:</b> _____	10/7/2010	702-376-2557
<b>X</b> _____	_____	_____
<small>Signature of representative of group</small>	<small>Date</small>	<small>Telephone</small>

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