

NLVPAC

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01/06/14

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

#1288



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 884-5705
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State of Nevada
Committee for Political Action
(PAC)
Registration Form
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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 Change Address
Previous Name of PAC
- Other:

Name of Committee: NLVPAC Telephone: 702-384-1120

Mailing Address: 6100 Elton Ave., Suite 1000 Las Vegas NV 89107
 Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
Promote Good Leadership to Benefit North Las Vegas

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: Michael W. Kern Telephone: 702-384-1120

Physical Address: 6100 Elton Ave., Suite 1000 Las Vegas NV 89107
 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.

Michael W. Kern Date: 01/06/2014
 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: _____ Telephone: _____
Michael L. Montandon
Mailing Address: _____
719 Oakbridge Ct. _____ North Las Vegas _____ NV 89032
Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____
Michael W. Kern _____ 702-384-1120
Mailing Address: _____
6100 Elton Ave., Suite 1000 _____ Las Vegas _____ NV 89107
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
Signature of Representative of Group

Printed Name:
Michael W. Kern

Date:
01/06/2014

Telephone:
702-384-1120