

*SNVIMF*



ROSS MILLER  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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 01/10/14

Office of the  
 Secretary of State  
  
 Ross Miller  
 Elections Division

#2207

**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:  Southern Nevada Issues Mobilization Fund      Telephone:  702-784-5000

Mailing Address:  
 1750 E Sahara Ave       Las Vegas       NV       89104  
 Street Name, Number      City      State      Zip Code

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

Responsible for reviewing, evaluating and recommending those programs and initiatives that ensure GLVAR's ability to be proactive in local, state and national public policy initiatives. Also responsible for educating members, prospective members, consumers and the public of the nature and actions of their candidates, politicians, and government on issues related to private property rights.

**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:  Nelson Janes      Telephone:  702-784-5000

Physical Address:  
 1750 E Sahara Ave       Las Vegas       NV       89104  
 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.

Signature of Registered Agent

Date: *1-6-14*



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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:

Mailing Address:      
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

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

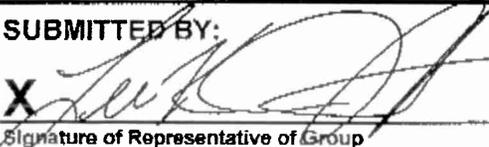
Name of Organization:  Telephone:

Mailing Address:      
Street Name, Number City State Zip Code

Name of Organization:  Telephone:

Mailing Address:      
Street Name, Number City State Zip Code

**SUBMITTED BY:**

 Printed Name:  Date:  Telephone:

Signature of Representative of Group