

FRANCISCO V. AGUILAR Secretary of State 101 North Carson Street, Suite 3 Carson City, Nevada 89701 (775) 684-5705

Facsimile: (775) 684-5718 Email: nvelect@sos.nv.gov Website: www.nvsos.gov

State of Nevada Committee Registration Form

Use this form to register or make changes to a:

- Committee for Political Action (PAC)
- Committee for Political Action (PAC) Advocating Passage or Defeat of a Ballot Question
- Committee Sponsored by a Political Party
- Recall Committee

Sel	ect Comi	mittee Type		
☐ Committee for Political Action (PAC) ☐ Com	mittee Spo	nsored by a Political Party	Recall Comm	nittee
☐ Committee for Political Action (PAC) Advocating	g Passage		1	
		equested that apply}		
☐ New Registration ☐ PAC Annual Registration	on (Due on	or before January 15 th of eac	h year – NRS 294	A.230(4)(b))
Amended Registration (check all that apply):		20		
■ Change Officers ☐ Change Registered Age	ent	Change Address R	eactivation	
Change Name (previous name of Committee) Committee to Recell Ma	Hhew	Dent		
Name of Committee				
The Committee To Recall IVGID Trustee Ma	atthew De	ent		
Mailing Address	City	5°h1	State	ZIP Code
PO Box 5663 Email Address	Incline V	/illage	NV	89450
tim2tahoe@msn.com			Telephone Nur 775-336-992	
PURPOSE: Briefly state the purpose for which the Con To recall IVGID Trustee Matthew Dent	nmittee wa	s organized.		
Name of Public Officer to be Recalled (Include title of Matthew Dent	office held)	*This section only applies to a	Recall Committee	*
REGISTERED AGENT: Pursuant to NRS 294A.240, each Pa NRS 14.020, who must be a natural person who resides *Recall Committees only need a Registered Agent if it is	in the State	of Nevada.		rovided in
Name of Registered Agent	Email Add	ress	Telephone Nur	nber
Physical Address	City		State	ZIP Code
REGISTERED AGENT ACCEPTANCE: I hereby accept ap	pointment	as Registered Agent for the a	bove-named Com	mittee.
		For Office	e Use Only	
Signature of Registered Agent		Office of the Secretary of State	NJWo	oodson
Date		FVAguelan	7/14/23	#11251
		Francisco V. Aguilar		

EL400

Revised: 01-02-2023

Officer Name and Title Tim Callicrate -Director		Telephone Number 775-336-9925		
Mailing Address PO Box 5663	City Incline Village	State NV	ZIP Code 89450	
Officer Name and Title Mary Kleingartner -Director			Telephone Number 206-604-1200	
Mailing Address PO Box 4464	City Incline Village	State NV	ZIP Code 89450	
Officer Name and Title Tia White -Director			Telephone Number 775-287-7544	
Mailing Address 172 Tramway	City Incline Village	State NV	ZIP Code 89451	
Officer Name and Title		Telephone	Telephone Number	
organization (attach additional page		State e, address and telephon		
AFFILIATIONS: If the PAC is affiliated organization (attach additional page)	with any other organizations, list the name			
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