RECALL COMMITTEE REGISTRATION FORM

FILED

MAR 1 7 2017

SECRETARY OF STATE AND ELECTIONS DIVISION

#3631

Secretary of State Barbara K. Cegavske

State of Nevada



A "Committee for the recall of a public officer" is any organization that: (a) Files a notice of intent to circulate a petition for recall; or (b) Receives any contributions, makes any contributions to candidates or persons or makes any expenditures that are designed to affect the recall of a public officer. (NRS 294A.006)

Print or type the following information:

Committee to Recall Gerald Antinoro

NAME OF COMMITTEE

56 Wild Horse Canyon Drive

Mailing Address

Sparks

City

NV State 89434

Zip Code

Telephone

PURPOSE: (Briefly state the purpose for which the committee was organized)

To support efforts to recall Sheriff Gerald Antinoro, and for all other legal purposes.

PUBLIC OFFICER: (State the name of the public officer to be recalled and title of office held)

Gerald Antinoro, Sheriff of Storey County

REGISTERED AGENT: Pursuant to NRS 294A.250 & NRS 294A.260 each recall committee which is organized and located outside this state must appoint and keep in this state a registered agent who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: Kris Thompson

56 Wild Horse Canyon Drive

Mailing Address

Sparks

NV 89434

City

State Zip Code

Telephone

ACCEPTANCE OF REGISTERED AGENT:

I, Kris Thompson

, hereby accept appointment as Registered Agent for the above

named committee for the recall of a public officer.

Signature of Registered Agent

3/16/2017

EL410 NRS 294A 250 Revised: 1-28-15

OFFICERS: (Please list the name, title, a	address and telephone number of each o	fficer)		
Name Kris Thompson	Address 56 Wild Horse Canyon Drive			
Title President	Sparks City	NV State	89434 Zip Code	Telephone
Name	Address			
Title	City	State	Zip Code	Telephone
Name	Address			
Title	City	State	Zip Code	Telephone
Name	Address			
Title	City	State	Zip Code	Telephone
Name	Address			
Title	City	State	Zip Code	Telephone

SUBMITTED BY:

Signature of representative of group

3/11/2017

775 342 -3856 Telephone



Send completed form to:
SECRETARY OF STATE BARBARA K. CEGAVSKE
ELECTIONS DIVISION
101 NORTH CARSON STREET, SUITE 3
CARSON CITY, NEVADA 89701-3714
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