ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

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 _____
Previous Name of PAC

☐ Other: _____

Name of Committee: _____ Telephone: _____

Mailing Address:
_____ _____ _____ _____
Street Name, Number City State Zip Code

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

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: _____ Telephone: _____

Mailing Address:
_____ _____ _____ _____
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.

X _____ Date: _____
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:

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:

X Date: Telephone:

Signature of Representative of Group

EL400.01
Revised: 11-16-11