



ROSS MILLER  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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 Phone: (775) 684-5705  
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VVPAC

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JAN - 7 2013

K. Rut -  
 SECRETARY OF STATE  
 ELECTIONS DIVISIONS  
 # 1305

**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:  Telephone:

Mailing Address:  
     
 Street Name, Number      City      State      Zip Code

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

To follow legislation having an impact on the senior community, the veterans and citizens of the state of Nevada and do what we can to work in on their behalf.

**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

Signature of Registered Agent

Date:



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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:   
 Dan Roberts Chairman 702 251-4441

Mailing Address:      
 10624 South Eastern Ave. Henderson NV 89052  
 Street Name, Number City State Zip Code

Officer Name and Title:  Telephone:   
 Rana Goodman Legislative Liaison 702 433 6618

Mailing Address:      
 2763 Foxtail Creek Henderson NV 89052  
 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:**

*Rana Goodman*  
 Signature of Representative of Group

Date:   
 1/2/2013

Telephone:   
 702 433 6618