

NKB



ROSS MILLER  
Secretary of State  
Elections Division  
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09/10/12

Office of the  
Secretary of State  
  
Ross Miller  
Elections Division

# 2273

**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:

No Keys Back  (702) 522-6747

Mailing Address:

8871 W. Flamingo Road, Suite 202      Las Vegas      NV      89147  
Street Name, Number      City      State      Zip Code

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

No Keys Back is a committee of concerned citizens who have come together to cause the re-election of President Barack Obama and the election of other Democratic candidates.

**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:

Deborah Robinson  (702) 522-6747

Mailing Address:

8871 W. Flamingo Road, Suite 202      Las Vegas      NV      89147  
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:

9/10/2012



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**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
 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:**

Date:

Telephone:

**Reset**