



ROSS MILLER
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Elections Division
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12/03/13

Office of the
Secretary of State
[Signature]
Ross Miller
Elections Division
#2355

**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: Nevada Forward Telephone: 702 280-2981

Mailing Address: 7925 W. Russell Rd., #400187 Las Vegas NV 89140
 Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To support candidates for public office in Nevada

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: Bradley Schrage Telephone: 702-341-5200

Physical Address: 3556 East Russell Road 2nd FL Las Vegas NV 89120
 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] Date: 12-3-13
 Signature of Registered Agent



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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: Jason Frierson Telephone: 702 280-2981

Mailing Address: 7925 W. Russell Rd., # 400187 Las Vegas NV 89140
 Street Name, Number City State Zip Code

Officer Name and Title: Virginia Eichacker Telephone: 702 375-3775

Mailing Address: 7925 W. Russell Rd., # 400187 Las Vegas NV 89140
 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
 Signature of Representative of Group
 EL400.01
 Revised: 8-1-13

Printed Name: Jason Frierson

Date: 12/3/13

Telephone: 702 280 2981

Reset