



ROSS MILLER
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Elections Division
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SECRETARY OF STATE
ELECTIONS DIVISION
#2263

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: Republican Women Southern Nevada Telephone: 702 656 1693

Mailing Address: 8940 W Washburn Rd Las Vegas NV 89149

Street Name, Number City State Zip Code

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

Campaign Donations

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: Priscilla Cambell Telephone: 702 656 1693

Physical Address: 8940 W Washburn Rd Las Vegas NV 89149

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 Priscilla Cambell
Signature of Registered Agent

Date: 1-24-14



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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: Daryll Ann Carter-Sullivan, chair Telephone: 702-994-7904
 Mailing Address: 2153 Farmington Bay Ct Henderson
 Street Name, Number City State Zip Code NV 89044

Officer Name and Title: Priscilla Cambell, treasurer Telephone: 702-656-1693
 Mailing Address: 8940 W Washburn Rd Las Vegas
 Street Name, Number City State Zip Code NV 89149

Officer Name and Title: Virginia Finnegan, Secretary Telephone: 702
 Mailing Address: 2001 Dipinto Ave Henderson
 Street Name, Number City State Zip Code NV 89052

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 Priscilla Cambell Printed Name: PRISCILLA CAMPBELL Date: 1-24-14 Telephone: 702 656-1693
 Signature of Representative of Group

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