

Reform



ROSS MILLER
Secretary of State
Elections Division
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JAN 24 2014
K. R. Miller -
SECRETARY OF STATE
ELECTIONS DIVISIONS
#2277

State of Nevada
Committee for Political Action
(PAC)
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

Registration options: 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: check all that apply, Change Officers, Change Registered Agent, Change Address, Change Name, Previous Name of PAC, Other: Change Telephone Number

Name of Committee: Reform PAC Telephone: 702-575-9112

Mailing Address: 476 Mission Springs St. Henderson NV 89052
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To support political candidates and campaigns.

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: Michael Roberson Telephone: 702-575-9112

Physical Address: 476 Mission Springs St. Henderson NV 89052
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 [Signature]
Signature of Registered Agent

Date: January 15, 2014



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**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
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**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Michael Roberson, President/Secretary		702-575-9112	
<b>Mailing Address:</b>			
476 Mission Springs St.	Henderson	NV	89052
Street Name, Number	City	State	Zip Code
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
		NV	
Street Name, Number	City	State	Zip Code
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number	City	State	Zip Code
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
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).

<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number	City	State	Zip Code
<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number	City	State	Zip Code
<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number	City	State	Zip Code

**SUBMITTED BY:**

<b>Printed Name:</b>	<b>Date:</b>	<b>Telephone:</b>
X  Michael Roberson	January 15, 2014	702-575-9112

Signature of Representative of Group