ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 684-5705
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ELECTIONS DIVISIONS
#2278

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: check all that apply ☐ Change Officers ☐ Change Registered Agent ☒ Change Address

☐ Change Name _____ Previous Name of PAC

☒ Other: Change Telephone Number

Name of Committee: Victory PAC

Telephone: 702-575-9112

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

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

To secure a Republican Majority in the Nevada State Senate.

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. (Street Name, Number) | Henderson (City) | NV (State) | 89052 (Zip Code)

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X MR
Signature of Registered Agent

Date: January 15, 2014

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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: Michael Roberson, President/Secretary
Telephone: 702-575-9112
Mailing Address: 476 Mission Springs St. | Henderson | NV | 89052
Street Name, Number | City | State | Zip Code

Officer Name and Title:
Telephone:
Mailing Address:
Street Name, Number | City | State: NV | 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 MR
Signature of Representative of Group

Printed Name: Michael Roberson
Date: January 15, 2014
Telephone: 702-575-9112

EL400.01
Revised: 6-1-13