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

☐ New Registration  ☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration: check all that apply

☐ Change Officers    ☐ Change Registered Agent    ☐ Change Address

☐ Change Name

Previous Name of PAC

☐ Other:

Name of Committee:
Coalition Against Legalizing Marijuana - Nevada (CALM NV)

Mailing Address:
P.O. Box 751201
Las Vegas, NV 89136

PAC Active Email Address:

Telephone:
702-825-4240

PURPOSE: Briefly state the purpose for which the PAC was organized.
CALM NV is a group of parents, public safety officials, doctors, teachers and concerned citizens who will actively fight the legalization of recreational marijuana 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:
Jeff Kaye

Physical Address:
P.O. Box 751201
Las Vegas, NV 89136

Telephone:
702-825-4240

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

Signature of Registered Agent

Date:
01/15/2016

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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: Jeff Kaye - Chairman
Telephone: 702-825-4240
Mailing Address:
PO Box 751201 Las Vegas NV 89136
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: N/A
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
Name of Organization: 
Telephone: 
Mailing Address:
Street Name, Number City State Zip Code

SUBMITTED BY:

Signature of Representative/GROUP: 
Printed Name: Jeff Kaye
Date: 01/15/2016
Telephone: 702-825-4240

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