



BARBARA K. CEGAVSKE  
 Secretary of State  
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**State of Nevada**  
**Committee Registration Form**

Use this form to register or make changes to a:

- Committee for Political Action (PAC)
- Committee for Political Action (PAC) Advocating Passage or Defeat of a Ballot Question
- Committee Sponsored by a Political Party
- Recall Committee

**Select Committee Type**

Committee for Political Action (PAC)     Committee Sponsored by a Political Party     Recall Committee

Committee for Political Action (PAC) Advocating Passage or Defeat of a Ballot Question

**Action Requested**  
 (select all that apply)

New Registration     PAC Annual Registration (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     Notice of Inactivity (NAC 294A.250)     Reactivation

Change Name (previous name of Committee)

Other

Name of Committee  
 Our Votes, Our Voice

Mailing Address	City	State	ZIP Code
1225 Eye St. NW Suite 1250	Washington	DC	20005

Email Address	Telephone Number
compliance@dlcc.org	(202) 449-6740

PURPOSE: Briefly state the purpose for which the Committee was organized.  
 To protect incumbents from recalls

Name of Public Officer to be Recalled (Include title of office held) \*This section only applies to a Recall Committee\*  
 Sen. Woodhouse , et al

**REGISTERED AGENT: Pursuant 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.**  
 \*Recall Committees only need a Registered Agent if it is an organization located outside the State.\*

Name of Registered Agent	Telephone Number
Bradley Schragger	(702) 639-5102

Physical Address	City	State	ZIP Code
3556 East Russell Rd	Las Vegas	NV	89120

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

X   
 Signature of Registered Agent

6-19-18  
 Date

Office of the  
 Secretary of State  
  
 Barbara Cegavske  
 Elections Division

Office Use Only

**JStokes**

**6/20/2018 #3681**

**OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages, if necessary).**

Officer Name and Title Eleanor Collinson, Treasurer		Telephone Number (202) 449-6740	
Mailing Address 1225 Eye St. NW Suite 1250	City Washington	State DC	ZIP Code 20005
Officer Name and Title Heather Williams, Chairperson		Telephone Number (202) 449-6740	
Mailing Address 1225 Eye St. NW Suite 1250	City Washington	State DC	ZIP Code 20005
Officer Name and Title		Telephone Number	
Mailing Address	City	State	ZIP Code
Officer Name and Title		Telephone Number	
Mailing Address	City	State	ZIP Code

**AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (attach additional pages, if necessary).  
\*Political Party Committees and Recall Committees may skip this section.\***

Name of Organization		Telephone Number	
Mailing Address	City	State	ZIP Code
Name of Organization		Telephone Number	
Mailing Address	City	State	ZIP Code

**SUBMITTED BY**

Eleanor Collinson Printed Name	(202) 449-6740 Telephone
X _____ Signature	6/18/18 Date