



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Website: www.nvsos.gov

State of Nevada
Elections Division
Nonprofit Corporation
Registration Information

**WHO MUST REGISTER
AS A NONPROFIT CORPORATION
WITH THE ELECTIONS DIVISION?
(NRS 294A.225)**

Prior to registering with the Elections Division, **all** nonprofit corporations must first be registered with the Secretary of State's Commercial Recordings Division. A nonprofit corporation shall submit the names, addresses and telephone numbers of its officers to the Secretary of State before it engages in any of the following activities that are designed to affect the outcome of any primary, general or special election or question on the ballot in the state:

- 1 Soliciting or receiving contributions from any other person, group or entity;
- 1 Making contributions to candidates or other persons; or
- 1 Making expenditures, designed to affect the outcome of any primary, general or special election or question.

The Registration Form is required to be posted on the Secretary of State's website pursuant to NRS 294A.225.

PLEASE NOTE: Notwithstanding any of the registration requirements prescribed in NRS 294A.225, there may be other requirements applicable to nonprofit corporations prior to commencing or transacting business in this State.

Send Completed Form to:

Secretary of State Barbara K. Cegavske
Elections Division
101 North Carson Street, Suite 3
Carson City NV 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-5718



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**State of Nevada
 Elections Division
 Nonprofit Corporation
 Registration Form**

ABOVE SPACE IS FOR OFFICE USE ONLY

Name of Nonprofit Corporation Engaging in Political Activity:

Mailing Address:

Street

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City

State

Zip Code

Telephone

Officers: *(please list the name, title, address and telephone number of each officer)*

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Name

Title

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Street

City

State

Zip Code

Telephone

--	--

Name

Title

--	--	--	--	--

Street

City

State

Zip Code

Telephone

--	--

Name

Title

--	--	--	--	--

Street

City

State

Zip Code

Telephone

--	--

Name

Title

--	--	--	--	--

Street

City

State

Zip Code

Telephone

Submitted by:

X

 Name of representative of Nonprofit Corporation

 Date

 Telephone