



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
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SECRETARY OF STATE
ELECTIONS DIVISION

#1328

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(4)(b))
- Amended Registration: Change Officers Change Registered Agent Change Address
 check all that apply
- Change Name _____
Previous Name of PAC
- Other: _____

Name of Committee: Nevadans for the American Dream Telephone: 702-373-4284

Mailing Address: PO Box 249 Logandale NV 89031
Street Name, Number City State Zip Code

PAC Active Email Address: tomcollinscc@gmail.com

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

To promote causes that support economic justice, equality, improved education and a safe & secure retirement.

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: Tom Collins Telephone: 702-373-4284

Physical Address: 4216 N Decatur Blvd Las Vegas NV 89130
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.

[Signature] Date: 1/15/2016
 Signature of Registered Agent



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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: Tom Collins **Telephone:** 702-373-4284

Mailing Address:
 PO Box 249 Logandale
 Street Name, Number City NV 89031
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: **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 
 Signature of Representative of Group

Printed Name: Tom Collins **Date:** 1/15/2016
Telephone: 702-373-4284