



BARBARA K. CEGAUSKE
Secretary of State
Elections Division
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Office of the
Secretary of State
Barbara Cegavske
Barbara Cegavske
Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

JStokes
1/11/2016

#1682

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 Change Address
- Other: Previous Name of PAC

Name of Committee:
Republican Assembly Victory Fund

Telephone:
702-499-6169

Mailing Address:
10,000 W. Charleston Blvd., Suite 100
Street Name, Number

Las Vegas
City

NV 89135
State Zip Code

PAC Active Email Address: paul@andersonfornevada.com

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

To support Assembly Republican Candidates

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:

John Hambrick

Telephone:
702-499-6169

Physical Address:

PO Box 401508
Street Name, Number

Las Vegas
City

NV 89135
State Zip Code

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

John Hambrick
Signature of Registered Agent

Date:
01/11/16



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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:

John Hambrick, Chair

Mailing Address:

11216 Dell Cliffs Ct.

Street Name, Number

Las Vegas
City

Telephone:

702-499-6169

NV 89144
State Zip Code

Officer Name and Title:

D. Paul Anderson, Vice Chair

Mailing Address:

10000 W. Charleston Blvd., Suite 100

Street Name, Number

Las Vegas
City

Telephone:

702-410-6645

NV 89135
State Zip Code

Officer Name and Title:

Mailing Address:

Street Name, Number

City

Telephone:

State Zip Code

Officer Name and Title:

Mailing Address:

Street Name, Number

City

Telephone:

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:

Signature of Representative of Group

Printed Name: John Hambrick

Date: 1/11/16

Telephone: 702-242-8580