



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-5705
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 Website: www.nvsos.gov

State of Nevada
Committee for Political Action
(PAC)
Registration Form
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JAN 15 2016 *LM*

SECRETARY OF STATE
ELECTIONS DIVISION

1832

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: Lighthouse Leadership PAC Telephone: 775-233-2905

Mailing Address: 1285 Baring Blvd #402 Sparks NV 89434
 Street Name, Number City State Zip Code

PAC Active Email Address: debbie@votedebbiesmith.com

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

Influencing the nomination, election, or appointment of individuals to public office through accepting and making contributions.

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: State Agent and Transfer Syndicate Telephone: 775-882-1013

Physical Address: 112 North Curry Street Carson City NV 89703
 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.

X no changes signature on file Date: 1-15-2016
 Signature of Registered Agent



BARBARA K. CEGAVSKE
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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: Deborah Smith - Officer Telephone: 715-233-2905
 Mailing Address: 1285 Baring Blvd #402 Sparks NV 89434
 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: _____ 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:

Debbie Smith Printed Name: Debbie Smith Date: 1-15-2016 Telephone: 715-233-2905
 Signature of Representative of Group