KRut
01/15/2015 #2110

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

BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

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(3)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply

☐ Change Name
Previous Name of PAC

☐ Other:

Name of Committee:
New Nevada PAC

Telephone:
702-304-1414

Mailing Address:
PO Box 370672
Street Name, Number

Las Vegas
City

NV 89137
State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To participate and assist candidates in the electoral process.

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:
Kate Szafran

Telephone:
702-304-1414

Physical Address:
11445 Diveley Avenue
Street Name, Number

Las Vegas
City

NV 89138
State Zip Code

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

X _____ Date: 1/14/2015
Signature of Registered Agent

EL490/01
Revised: 1-5-15

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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: Chrissie Hastie - Treasurer
Telephone: 702-259-5559
Mailing Address: PO Box 751271
Street Name, Number: PO Box 751271
City: Las Vegas
State: NV
Zip Code: 89136

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: N/A
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: CHRISSIE HASTIE
Date: 1/15/15
Telephone: (702) 259-5559

EL400.01
Revised: 1-5-15