



BARBARA K. CEGAVSKE  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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Office of the  
 Secretary of State

*Barbara Cegavske*

Barbara Cegavske  
 Elections Division

JStokes

8/26/2016 #2213

**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:  Telephone:   
 Nevadans For Families and Agriculture      775-674-4000

Mailing Address:  
     
 2165 Green Vista Dr. Suite 205      Sparks      NV      89431  
 Street Name, Number      City      State      Zip Code

PAC Active Email Address:

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

**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:  Telephone:   
 Doug Busselman      775-674-4000

Physical Address:  
     
 2165 Green Vista Dr. Suite 205      Sparks      NV      89431  
 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.

*Doug Busselman*  
 Signature of Registered Agent

Date:   
 August 24, 2016



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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:  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

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:  Date:  Telephone:   
 Doug Busselman August 24, 2016 775-674-4000