



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

KRut

01/14/2015 #2271

Office of the
Secretary of State

Barbara K. Cegavske
Barbara K. Cegavske
Elections Division

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: _____ Telephone: _____
Buckskin Mountain 702-388-9600

Mailing Address: _____
700 S. 3rd Street Las Vegas NV 89101
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To support candidates in Nevada.

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: _____
Richard Segerblom 702-388-9600

Physical Address: _____
700 S. 3rd Street Las Vegas NV 89101
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 of Registered Agent

Date:
1/14/2015



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 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Richard Segerblom, President Telephone: 702-388-9600

Mailing Address: 700 S. 3rd Street Las Vegas NV 89101
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: Richard Segerblom Date: 1/14/2015 Telephone: 702-388-9600