



BARBARA K. CEGAUSKE  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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 SECRETARY OF STATE

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**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))
- 2015 Amended Registration:       Change Officers       Change Registered Agent       Change Address  
 check all that apply
- Change Name \_\_\_\_\_  
Previous Name of PAC
- Other: \_\_\_\_\_

Name of Committee: REFORM PAC      Telephone: 702-575-9112

Mailing Address: 476 Mission Springs Street      Henderson      NV      89052  
Street Name, Number      City      State      Zip Code

PAC Active Email Address: \_\_\_\_\_

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
 To support political candidates and campaigns.

**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: Michael Roberson      Telephone: 702-575-9112

Physical Address: 476 Mission Springs Street      Henderson      NV      89052  
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.

MR      Date: October 13, 2015  
 Signature of Registered Agent



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**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).

<b>Officer Name and Title:</b>	<b>Telephone:</b>
Michael Roberson, President/Secretary	7702-575-9112
<b>Mailing Address:</b>	
476 Mission Springs Street	Henderson NV 89052
Street Name, Number	City State Zip Code
<b>Officer Name and Title:</b>	<b>Telephone:</b>
<b>Mailing Address:</b>	
Street Name, Number	City State Zip Code
<b>Officer Name and Title:</b>	<b>Telephone:</b>
<b>Mailing Address:</b>	
Street Name, Number	City State Zip Code
<b>Officer Name and Title:</b>	<b>Telephone:</b>
<b>Mailing Address:</b>	
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).

<b>Name of Organization:</b>	<b>Telephone:</b>
Senate Majority PAC	702-575-9112
<b>Mailing Address:</b>	
476 Mission Springs Street	Henderson NV 89052
Street Name, Number	City State Zip Code
<b>Name of Organization:</b>	<b>Telephone:</b>
Victory PAC	702-575-9112
<b>Mailing Address:</b>	
476 Mission Springs Street	Henderson NV 89052
Street Name, Number	City State Zip Code
<b>Name of Organization:</b>	<b>Telephone:</b>
Jobs First PAC	702-575-9112
<b>Mailing Address:</b>	
476 Mission Springs Street	Henderson NV 89052
Street Name, Number	City State Zip Code

**SUBMITTED BY:**

<b>Signature of Representative of Group</b>	<b>Printed Name:</b>	<b>Date:</b>	<b>Telephone:</b>
X	Michael Roberson	10-13-15	702-575-9112