



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

State of Nevada  
**Committee for Political Action  
(PAC)**  
Registration Form  
Page 1

JStokes  
**1/15/2016**

# 2347  
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:

Mailing Address:  
     
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:

Physical Address:  
     
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]*  
Signature of Registered Agent

Date:



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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).

**Officer Name and Title:** **Telephone:**  
 Angelique Crawford, Secretary 702-382-5737

**Mailing Address:**  
 431 S 6th St Las Vegas NV 89101  
Street Name, Number City State Zip Code

**Officer Name and Title:** **Telephone:**  
 Donna Davis 702-382-5737

**Mailing Address:**  
 431 S 6th St 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

**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

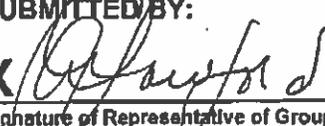
**Name of Organization:** **Telephone:**  
 \_\_\_\_\_ \_\_\_\_\_

**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:**  
 Angelique Crawford 1/15/2015 702-382-5737