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01/15/2015 #2355

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
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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))
 Amended Registration: Change Officers Change Registered Agent Change Address
 check all that apply
 Change Name
 Previous Name of PAC
 Other:

Name of Committee: Nevada Forward Telephone: 702 280-2981
Mailing Address: 7925 W. Russell Rd., #400187 Las Vegas NV 89140
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To support candidates for public office 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: Bradley Schrage Telephone: 702 341-5200
Physical Address: 3556 East Russell Rd., 2nd Fl Las Vegas NV 89120
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: 1-15-14



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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: _____ **Telephone:** _____

Jason Frierson 702 280-2981

Mailing Address:

7925 W. Russell Rd., #400187 Las Vegas NV 89140
 Street Name, Number City State Zip Code

Officer Name and Title: _____ **Telephone:** _____

Virginia Eichacker 702 375-5775

Mailing Address:

7925 W. Russell Rd., #400187 Las Vegas NV 89140
 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 **Printed Name:** Jason Frierson **Date:** 1/15/15 **Telephone:** 702 280-2981

Signature of Representative of Group