



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  
1/14/2016

#2429

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: \_\_\_\_\_  
 Committee for a Better Nevada 702-259-5559

Mailing Address: \_\_\_\_\_  
 PO Box 751271 Las Vegas NV 89136  
 Street Name, Number City State Zip Code

PAC Active Email Address: chrissie@incompliance.net

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
 To conduct independent expenditure activities to promote candidates for public office.

**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: \_\_\_\_\_  
 Chrissie Hastie 702-259-5559

Physical Address: \_\_\_\_\_  
 50 S. Jones Blvd. #201 Las Vegas NV 89107  
 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: \_\_\_\_\_  
 01/14/2016



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**State of Nevada**  
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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: \_\_\_\_\_  
 Chrissie Hastie /Treasurer 702-259-5559

Mailing Address: \_\_\_\_\_  
 PO Box 751271 Las Vegas NV 89136  
 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: \_\_\_\_\_  
 N/A

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: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Chrissie Hastie 01/14/2016 702-259-5559

Signature of Representative of Group