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

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07/16/2015 #2496

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

[X] 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 Committee for an Ethical Judiciary
Telephone: 702-240-0044

Mailing Address: 10701 Sprucedale Ave. | Las Vegas | NV | 89144
Street Name, Number | City | State | Zip Code

PAC Active Email Address: yrretsms@mac.com

PURPOSE: Briefly state the purpose for which the PAC was organized.
To ensure an honest and fair judiciary in North Las Vegas.

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: Terrence Sheridan
Telephone: 702-240-0044

Physical Address: 10701 Sprucedale Ave. | Las Vegas | NV | 89144
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.

X _____
Signature of Registered Agent

Date: 07/16/2015

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State of Nevada

Committee for Political Action (PAC)

Registration Form

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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: Terrence Sheridan - Manager
Telephone: 702-240-0044
Mailing Address: 10701 Sprucedale Ave. | Las Vegas | NV | 89144
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: Terrence Sheridan
Date: 07/16/2015
Telephone: 702-240-0044

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