



BARBARA K. CEGAVSKE  
Secretary of State  
Elections Division  
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Office of the  
Secretary of State  
*Barbara Cegavske*  
Barbara Cegavske  
Elections Division

JStokes  
1/11/2016

#2517

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

Name of Committee:

Sage Nevada

Telephone:

702-410-6645

Mailing Address:

10000 W. Charleston Blvd., Suite 100  
Street Name, Number

Las Vegas  
City

NV 89135  
State Zip Code

PAC Active Email Address: cathy@andersonformcvada.com

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

Train, recruit, support and elect candidates.

**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:

D. Paul Anderson

Telephone:

702-234-1233

Physical Address:

6180 Loyal Royal Ct.  
Street Name, Number

Las Vegas  
City

NV 89131  
State Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Date:

Signature of Registered Agent



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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: D. Paul Anderson - Agent Telephone: 702-410-6645
Mailing Address: 10000 W. Charleston Blvd., Suite 100 Las Vegas NV 89135
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:
Signature of Representative of Group Printed Name: Date: Telephone:

X

Signature of Representative of Group