



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  
 05/02/2016**

#3562

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
  - Change Name
  - Other:

Name of Committee: Citizens Against Corruption in Government Telephone: \_\_\_\_\_

Mailing Address: 1950 S. Rainbow Blvd 103-68 Las Vegas NV 89146  
 Street Name, Number City State Zip Code

PAC Active Email Address: \_\_\_\_\_

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

**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: Nathan Emens Telephone: 702-997-9007

Physical Address: 7740 Tinted Mesa Ct Las Vegas NV 89149  
 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: 4-26-2016



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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).

<b>Officer Name and Title:</b>		<b>Telephone:</b>	
Chris Edwards		702-872-3165	
<b>Mailing Address:</b>			
1950 S. Rainbow Blvd 103-68		Las Vegas	
Street Name, Number		City	
		NV 89146	
		State Zip Code	
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number		City	
		State Zip Code	
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number		City	
		State Zip Code	
<b>Officer Name and Title:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
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).

<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number		City	
		State Zip Code	
<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number		City	
		State Zip Code	
<b>Name of Organization:</b>		<b>Telephone:</b>	
<b>Mailing Address:</b>			
Street Name, Number		City	
		State Zip Code	

**SUBMITTED BY:**

	<b>Printed Name:</b> Nathan Emens	<b>Date:</b> 4-26-2016	<b>Telephone:</b> 7029979007
<b>Signature of Representative of Group</b>			