



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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JUN 30 2016

SECRETARY OF STATE
 ELECTIONS DIVISION

#3583

**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 _____
Previous Name of PAC

Other: _____

Name of Committee: All For Nevada PAC Telephone: 702-575-9112

Mailing Address:
476 Mission Springs St. Henderson NV 89052
Street Name, Number City State Zip Code

PAC Active Email Address: mroberson.law@gmail.com

PURPOSE: Briefly state the purpose for which the PAC was organized.
To promote good public policy for the betterment of Nevada and for all other purposes allowed under the law.

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: Michael Roberson Telephone: 702-575-9112

Physical Address:
476 Mission Springs St. Henderson NV 89052
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.

MR Date: June 30, 2016
 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: Telephone:
 Michael Roberson, President 702-575-9112

Mailing Address:
 476 Mission Springs St. Henderson NV 89052
 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: Date: Telephone:
 Michael Roberson June 30, 2016 702-575-9112