



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

9/02/2016 #3601

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: SAM Action, Inc. Telephone: _____

Mailing Address:
 400 N. Columbus St., Suite 202 Alexandria VA 22314
 Street Name, Number City State Zip Code

PAC Active Email Address: info@samaction.net

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

SAM Action is a non-profit, 501(c)(4) organization dedicated to promoting healthy marijuana policies that do not legalize drugs.

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: Pat Hickey Telephone: _____

Physical Address:
 1180 Forest St. Reno NV 89509
 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.

Pat Hickey Date: 9/1/2016
 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:**

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

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:

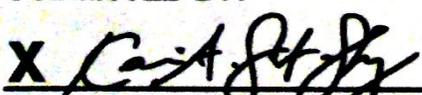
Street Name, Number City State Zip Code

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:**