



BARBARA K. CEGAVSKE
 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



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

- 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: Telephone:
 Ophthalmic Political Action Committee 702-994-6628

Mailing Address: Las Vegas NV 89102
 3013 Mason Avenue City State Zip Code
 Street Name, Number

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.
 To promote the safety of Nevadans seeking eyecare in the state and to promote the interests of Ophthalmology

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: Telephone:
 Adam Rovit, MD 702-994-6628

Physical Address: Las Vegas NV 89121
 3575 Pecos-McLeod City State Zip Code
 Street Name, Number

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

X Adam S. Rovit Date:
 Signature of Registered Agent 04/20/2015



BARBARA K. CEGAUSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 Phone: (775) 684-6705
 Fax: (775) 684-6718
 Website: www.nvsos.gov

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Isaac Hearne, MD **Telephone:**
775-827-8855
Mailing Address:
 294 E. Moana Lane #22 **Reno** **NV 89502**
 Street Name, Number **City** **State Zip Code**

Officer Name and Title: Roberta Again, Executive Director **Telephone:**
702-285-9425
Mailing Address:
 3013 Mason Avenue **Las Vegas** **NV 89102**
 Street Name, Number **City** **State Zip Code**

Officer Name and Title: Adam Rovit, MD **Telephone:**
702-994-6628
Mailing Address:
 3575 So. Pecos-McLeod **Las Vegas** **NV 89121**
 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: Nevada Academy of Ophthalmology **Telephone:**
702-994-6628
Mailing Address:
 3575 So. Pecos-McLeod **Las Vegas** **NV 89121**
 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:
Printed Name:
Roberta Again **Date:**
04/20/2015 **Telephone:**
702-285-9425