



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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Office of the
Secretary of State

Barbara Cegavske
Elections Division

JStokes

10/24/2016 #946

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: Telephone:

Mailing Address:
Street Name, Number City State Zip Code

PAC Active Email Address:

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

To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective financial role in legislative races.

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:

Physical Address:
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:



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 Page 2

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

Officer Name and Title: HOWARD BARON, MD - CHAIRMAN Telephone: 702.739.9989

Mailing Address:
2590 E RUSSELL ROAD LAS VEGAS NV 89120
 Street Name, Number City State Zip Code

Officer Name and Title: MICHAEL EDWARDS, MD - SECRETARY Telephone: 702.739.9989

Mailing Address:
2590 E RUSSELL ROAD LAS VEGAS NV 89120
 Street Name, Number City State Zip Code

Officer Name and Title: GEORGE ALEXANDER MD - TREASURER Telephone: 702.739.9989

Mailing Address:
2590 E RUSSELL ROAD LAS VEGAS NV 89120
 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 Loretta Moses
 Signature of Representative of Group

Printed Name: LORETTA MOSES Date: 10.24.16 Telephone: 702.739.9989