



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 K. Cegavske
 Barbara K. Cegavske
 Elections Division

04/21/2015 #967

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: _____
 NEVADA CHIROPRACTIC ASSOCIATION (NCA) 702-233-2288

Mailing Address: _____
 2700 E. LAKE MEAD BLVD., STE. 10 LAS VEGAS NV 89030
 Street Name, Number City State Zip Code

PAC Active Email Address: drday1@lvcoxmail.com

PURPOSE: Briefly state the purpose for which the PAC was organized.
 TO PROMOTE AND PROTECT THE CHIROPRACTIC PROFESSION.

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: _____
 DEREK T. DAY, D.C. 702-614-6777

Physical Address: _____
 10170 S. EASTERN AVE. #110 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.

_____ Date: _____
 Signature of Registered Agent 04/20/2015



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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:
JAMES OVERLAND SR., D.C.	702-366-6655
Mailing Address:	
2700 E. LAKE MEAD BLVD., STE. 10	LAS VEGAS NV 89030
Street Name, Number	City State Zip Code
Officer Name and Title:	Telephone:
DEREK T. DAY, D.C.	702-614-6777
Mailing Address:	
10170 S. EASTERN AVE #110	HENDERSON NV 89052
Street Name, Number	City State Zip Code
Officer Name and Title:	Telephone:
ROPER DOLLARHIDE, D.C.	702-368-0508
Mailing Address:	
5445 W. SAHARA AVE	LAS VEGAS NV 89146
Street Name, Number	City State Zip Code
Officer Name and Title:	Telephone:
LISA BERGER, D.C.	702-368-0508
Mailing Address:	
5445 W. SAHARA AVE	LAS VEGAS NV 89146
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: **Printed Name:** DEREK T. DAY, D.C. **Date:** 04/220/2015 **Telephone:** 702-614-6778

X **Signature of Representative of Group**