



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-4768
 Phone: (775) 684-5705
 Fax: (775) 684-6718
 Website: www.nvsos.gov

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 SECRETARY OF STATE
 ELECTIONS DIVISIONS
 # 736

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 Change Address
Previous Name of PAC
- Other: _____

Name of Committee:

DLCC Nevada

Telephone:

202-449-6740

Mailing Address:

1401 K Street NW, Suite 201

Washington

DC 20005

Street Name, Number

City

State Zip Code

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

To support state legislative committees and candidates

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:

Bradley Schrage

Telephone:

702-639-5102

Physical Address:

3556 East Russell Road

Las Vegas

NV 89120

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.

X [Signature]

Date:

01/30/2014

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: Michael Sargeant, Chairman Telephone: 202-449-6740
 Mailing Address: 1401 K Street NW, Suite 201 Washington DC 20005
 Street Name, Number City State Zip Code

Officer Name and Title: Elizabeth Gramling, Treasurer Telephone: 202-449-6740
 Mailing Address: 1401 K Street NW, Suite 201 Washington DC 20005
 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:
 Elizabeth Gramling

Date: 01/30/2014 Telephone: 202-449-6740