



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

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SECRETARY OF STATE
ELECTIONS DIVISIONS
#850

**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: check all that apply
 - Change Officers
 - Change Registered Agent
 - Change Address
 - Change Name

Previous Name of PAC

Other: **REACTIVATE PAC**
Name of Committee: **THE NEVADA VICTORY FUND** Telephone: **775-849-2282**

Mailing Address:
245 ABIES ROAD **RENO** **NV 89511**
Street Name, Number City State Zip Code

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

TO SUPPORT NEVADA FIREARMS OWNERS RIGHTS

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: **PAUL GRACE** Telephone: **775-849-2882**

Physical Address:
245 ABIES ROAD **RENO** **NV 89511**
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 of Registered Agent

Date: **26 FEB 2014**



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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: *Paul Grace Director* Telephone: *775 849.2282*

Mailing Address:

Street Name, Number *245 Abies Rd.* City *Reno* State *NV* Zip Code *89511*

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: *N.A.S.* 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:

[Signature]
 Signature of Representative of Group

Printed Name: *PAUL GRACE*

Date: *26 FEB 2014* Telephone: *775 849.2282*