



ROSS MILLER
Secretary of State
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JAN - 9 2014

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SECRETARY OF STATE
ELECTIONS DIVISIONS
#1328

**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: Nevadans for the American Dream Telephone: 702-373-4284

Mailing Address: PO Box 249 Logandale NV 89021
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To promote causes that support economic justice, equality, improved education and a safe & secure retirement.

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: Tom Collins Telephone: 702-373-4284

Physical Address: 4216 N Decatur Blvd Las Vegas NV 89130
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: 1/6/2014



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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:	Telephone:
Tom Collins, President	702-373-4284
Mailing Address:	
PO Box 249	Logandale NV 89021
Street Name, Number	City State Zip Code
Officer Name and Title:	Telephone:
Tom Collins, Treasurer	702-373-4284
Mailing Address:	
PO Box 249	Logandale NV 89021
Street Name, Number	City State Zip Code
Officer Name and Title:	Telephone:
Heidi Sterner, Secretary	702-328-9763
Mailing Address:	
3402 Cinnamon Creek Ave	North Las Vegas NV 89031
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:

	Printed Name:	Date:	Telephone:
X	Tom Collins	1/6/2014	702-373-4284

Signature of Representative of Group