

*NV Restaurant Assoc*



**ROSS MILLER**  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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*KRut*  
01/06/2015

Office of the  
Secretary of State  
*Barbara Cegavske*  
Barbara Cegavske  
Elections Division

*#638*

**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:

Mailing Address:      
Street Name, Number City State Zip Code

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

**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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State of Nevada  
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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: \_\_\_\_\_  
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 \_\_\_\_\_

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: \_\_\_\_\_  
Nevada Restaurant Association (702) 878-2313

Mailing Address: \_\_\_\_\_  
1500 East Tropicana Ave. Suite 114A Las Vegas NV 89119  
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 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Rodney Scott Olson 01/09/2015 (702) 878-2313

Signature of Representative of Group