SSCJF

ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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09/02/2014

Office of the Secretary of State
Ross Miller
Elections Division

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: _____

Name of Committee: Silver State Committee for Justice & Fairness

Telephone: (775) 235-8946

Mailing Address: P.O. Box 95614 (Street Name, Number) | Las Vegas (City) | NV (State) | 89193 (Zip Code)

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

To accept contributions and make expenditures advocating for or against Nevada state 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 Schrager

Telephone: (775) 235-8946

Physical Address: 3556 East Russell Road (Street Name, Number) | Las Vegas (City) | NV (State) | 89102 (Zip Code)

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X No change, signature on file.

Signature of Registered Agent

Date:

EL400.01
Revised: 8-1-13

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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: Lora Haggard, Treasurer
Telephone: (775) 235-8946
Mailing Address: P.O. Box 95614 (Street Name, Number) | Las Vegas (City) | NV (State) | 89193 (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: None.
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: Lora Haggard, Treasurer
Date:
Telephone: (775) 235-8946

EL400.01
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