



BARBARA K. CEGAVSKE  
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**State of Nevada**  
**Committee Registration Form**

Use this form to register or make changes to a:

- Committee for Political Action (PAC)
- Committee for Political Action (PAC) Advocating Passage or Defeat of a Ballot Question
- Committee Sponsored by a Political Party
- Recall Committee

**Select Committee Type**

Committee for Political Action (PAC)     Committee Sponsored by a Political Party     Recall Committee

Committee for Political Action (PAC) Advocating Passage

**Action Requested**  
 (select all that apply)

New Registration     PAC Annual Registration (Due on or before January 15<sup>th</sup> of each year – NRS 294A.230(4)(b))

Amended Registration (check all that apply):

Change Officers     Change Registered Agent     Change Address     Reactivation

Change Name (previous name of Committee)

Other

Name of Committee  
**Common Sense for Uniting Nevada**

Mailing Address PSC 46 Box 456	City APO	State AE	ZIP Code 09469
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Email Address CommonSenseForUnitingNevada@gmail.com	Telephone Number
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PUPPOSE: Briefly state the purpose for which the Committee was organized.  
 To support the passage of a proposed constitutional initiative to implement Division Free Voting in Nevada.

Name of Public Officer to be Recalled (Include title of office held) \*This section only applies to a Recall Committee\*

**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.**  
**\*Recall Committees only need a Registered Agent if it is an organization located outside the State.\***

Name of Registered Agent Robin Rowe	Email Address robinjrowe@gmail.com	Telephone Number
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Physical Address P.O. Box 522	City Carson City, NV	State NV	ZIP Code 89702
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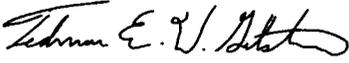
**REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee.**

\_\_\_\_\_  
 Signature of Registered Agent

2.6.22  
 \_\_\_\_\_  
 Date

**For Office Use Only**

Office of the Secretary of State  Barbara Cegavske Elections Division	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>KRhynes</b>  <b>2/9/22 #9081</b> </div>
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<b>OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages, if necessary).</b>			
Officer Name and Title Tedman Getschman, Director		Telephone Number	
Mailing Address PSC 46 Box 456	City APO	State AE	ZIP Code 09469
Officer Name and Title Robin Rowe, Director		Telephone Number	
Mailing Address P.O. Box 522	City Carson City	State NV	ZIP Code 89702
Officer Name and Title		Telephone Number	
Mailing Address	City	State	ZIP Code
Officer Name and Title		Telephone Number	
Mailing Address	City	State	ZIP Code
<b>AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (attach additional pages, if necessary).</b>			
<b><i>*Political Party Committees and Recall Committees may skip this section.*</i></b>			
Name of Organization		Telephone Number	
Mailing Address	City	State	ZIP Code
Name of Organization		Telephone Number	
Mailing Address	City	State	ZIP Code
<b>SUBMITTED BY:</b>			
Tedman E. W. Getschman			
Printed Name		Telephone Number	
		02/06/2022	
Signature		Date	