

**Committee Registration Form**  
**NRS 294A.225, 294A.230 & 294A.250**

Select Committee Type			
<input type="checkbox"/> Committee for Political Action (PAC)	<input type="checkbox"/> Committee Sponsored by a Political Party		
<input type="checkbox"/> Recall Committee	<input type="checkbox"/> Committee for Political Action (PAC) Advocating Passage or Defeat		
<input type="checkbox"/> Nonprofit Corporation			
Action Requested (select all that apply)			
<input type="checkbox"/> New Registration	<input type="checkbox"/> PAC Annual Registration (due on or before Jan. 15 each year)		
<input type="checkbox"/> Amended Registration (check all that apply):			
<input type="checkbox"/> Change Officers	<input type="checkbox"/> Change Registered Agent	<input type="checkbox"/> Change Address	<input type="checkbox"/> Reactivation
<input type="checkbox"/> Change Name (previous name of Committee)			
<input type="checkbox"/> Other			
Name of Committee			
Mailing Address		City	State    Zip Code
Email Address		Telephone	
Purpose: Briefly state the purpose for which the Committee was organized (not applicable to Nonprofit Corporations or Political Party Committees).			
Name of Public Officer to be Recalled (only applies for Recall Committees)		Title of Public Officer to be Recalled (only applies for Recall Committees)	

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 to identify a Registered Agent if it is an organization organized and located outside the State; Nonprofit Corporations and Political Party Committees do not need to identify a Registered Agent)

Registered Agent Name	Email Address	Telephone	
Physical Address	City	State	Zip Code

Registered Agent Acceptance: I hereby accept the appointment as the Registered Agent for the above-named Committee.

Signature of Registered Agent

Date

For Office Use Only

Officer's Information (attach additional pages, if necessary)			
Officer Name and Title		Telephone	
Mailing Address	City	State	Zip Code
Officer Name and Title		Telephone	
Mailing Address	City	State	Zip Code
Officer Name and Title		Telephone	
Mailing Address	City	State	Zip Code
Officer Name and Title		Telephone	
Mailing Address	City	State	Zip Code
Political Action Committee Affiliations (Political Party Committees, Recall Committees, and Nonprofit Corporations may skip this section)			
Name of Organization		Telephone	
Mailing Address	City	State	Zip Code
Name of Organization		Telephone	
Mailing Address	City	State	Zip Code

Submitted by:

Printed Name

Signature

Telephone

Date