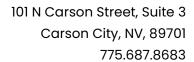


## Committee Registration Form NRS 294A.225, 294A.230 & 294A.250

Select Committee Type								
	Committee for Political Action (PAC)   Committee Sponsored by a Political Party				olitical Party			
	Recall Committee	Committee for Politi	ical Action (PAC) Advocating Passage or Defeat					
	Nonprofit Corporation							
Action Requested (select all that apply)								
	New Registration PAC Annual Registration (due on or before Jan. 15 each year)							
	Amended Registration (check all that apply):  Change Officers							
	Other							
Name of Committee								
Mailing Address		City			Zip Code			
Em	ail Address		Telephone					
Purpose: Briefly state the purpose for which the Committee was organized (not applicable to Nonprofit Corporations or Political Party Committees).								
	me of Public Officer to ly applies for Recall Co	Title of Public Officer to be Recalled (only applies for Recall Committees)						





Registered Agent: Pursuant to NF registered agent, as provided in NS State of Nevada.									
(Recall Committees only need to located outside the State; Nonpro identify a Registered Agent)	ofit Corporations								
Registered Agent Name	Email Address			Teleph	Telephone				
Physical Address		City		State	Zip Code				
Registered Agent Acceptance: I hereby accept the appointment as the Registered Agent for the above-named Committee.									
			For C	Office Us	se Only				
Signature of Registered Agent	t								
Date									



	's Information nal pages, if necessary	)		
Officer Name and Title			Telephone	
Mailing Address	City	State	Zip Code	
Officer Name and Title	1	Telepho	Telephone	
Mailing Address	City	State	Zip Code	
fficer Name and Title		Telepho	Telephone	
Mailing Address	City	State	Zip Code	
fficer Name and Title		Telepho	Telephone	
Mailing Address	City	State	Zip Code	
(Political Party Committees, Recall Con	Committee Affiliation nmittees, and Nonprofi s section)		may skip	
Name of Organization	3 36011011)	Telephone		
Mailing Address	City	State	Zip Code	
Name of Organization		Telephone		
Mailing Address	City	State	Zip Code	
Submitted by:		·		
Printed Name		elephone		
Signature		ate		

EL-E02-25 NRS 294A.230 Revised: 5/9/25