



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	<input type="checkbox"/> Non-Profit Operating as a Political Action Committee per NRS 294.0055		
Action Requested (select all that apply)			
<input type="checkbox"/> New Registration	<input type="checkbox"/> PAC Annual Registration (Due on or before January 15 th of each year – NRS 294A.230(4)(b))		
<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 Number	
PURPOSE: Briefly state the purpose for which the Committee was organized.			
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. <i>*Recall Committees only need a Registered Agent if it is an organization located outside the State.*</i>			
Name of Registered Agent		Email Address	Telephone Number
Physical Address		City	State ZIP Code
REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee.			
Signature of Registered Agent		For Office Use Only	
Date			

OFFICERS: List the name, title, address, and telephone number of each officer (attach additional pages, if necessary).			
Officer Name and Title		Telephone Number	
Mailing Address	City	State	ZIP Code
Officer Name and Title		Telephone Number	
Mailing Address	City	State	ZIP Code
Officer Name and Title		Telephone Number	
Mailing Address	City	State	ZIP Code
Officer Name and Title		Telephone Number	
Mailing Address	City	State	ZIP Code
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). <i>*Political Party Committees and Recall Committees may skip this section.*</i>			
Name of Organization		Telephone Number	
Mailing Address	City	State	ZIP Code
Name of Organization		Telephone Number	
Mailing Address	City	State	ZIP Code
SUBMITTED BY: <div> <div> <div>_____</div> <div>Printed Name</div> </div> <div> <div>_____</div> <div>Signature</div> </div> </div> <div> <div>_____</div> <div>Telephone Number</div> </div> <div> <div>_____</div> <div>Date</div> </div>			

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