



BARBARA K. CEGAVSKE  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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Office of the  
Secretary of State

*Barbara Cegavske*

Barbara Cegavske  
Elections Division

JStokes

9/14/2017 #3687

State of Nevada  
**Committee for Political Action  
(PAC)**  
Registration Form  
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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(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address  
check all that apply

☐ Change Name   
Previous Name of PAC

☐ Other:

Name of Committee:  Telephone:   
Nevadans for Election Reform 775-626-9705

Mailing Address:      
1740 Desert Mountain Drive Sparks NV 89436  
Street Name, Number City State Zip Code

PAC Active Email Address:   
info@nevadansforelectionreform.org

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

To advocate for election reform legislation and passage of ballot initiatives relating to election reform.

**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:  Telephone:   
Douglas E. Goodman 775-626-9705

Physical Address:      
1740 Desert Mountain Drive Sparks NV 89436  
Street Name, Number City State Zip Code

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

☒   
Signature of Registered Agent

Date:   
9-14-17



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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:  Telephone:   
Douglas E. Goodman, Founder and Executive Director 775-626-9705

Mailing Address:   
1740 Desert Mountain Drive Sparks NV 89436  
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

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:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

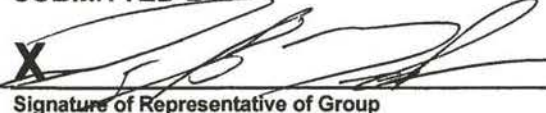
Name of Organization:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

Name of Organization:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

**SUBMITTED BY:**

 Printed Name:  Date:  Telephone:   
Douglas E. Goodman 9-14-17 775-626-9705  
Signature of Representative of Group