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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 15th 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

Mailing Address

City

State

ZIP Code

Email Address

Telephone Number

PUPPOSE: 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.

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

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

Date

For Office Use Only

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).****Political Party Committees and Recall Committees may skip this section.****

Name of Organization		Telephone Number	
Mailing Address	City	State	ZIP Code
Name of Organization		Telephone Number	
Mailing Address	City	State	ZIP Code

SUBMITTED BY:_____
Printed Name_____
Telephone Number_____
Signature_____
Date