

AUNVA



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Elections Division
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Priority
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FEB 25 2014

R. Kuf -
SECRETARY OF STATE
ELECTIONS DIVISIONS
#2376

State of Nevada
Committee for Political Action
(PAC)
Registration Form
Page 1

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(3)(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:

America Votes for Nevada Families (202) 962-7240

Mailing Address:

Washington DC 20036
1155 Connecticut Avenue, NW, Suite 600 City State Zip Code
Street Name, Number

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

To advocate for the passage of The Education Initiative.

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.

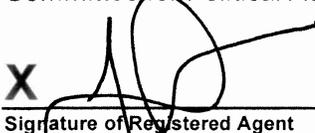
Name of Registered Agent: Telephone:

Jorge Adame (702) 562-1293

Physical Address:

Las Vegas NV 89101
708 South 6th Street City State Zip Code
Street Name, Number

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

 Date:

Signature of Registered Agent 02/18/2014



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 Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

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

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:

Signature of Representative of Group