

FEF



**ROSS MILLER**  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-4768  
 Phone: (775) 684-5705  
 Fax: (775) 684-5718  
 Website: www.nvsos.gov

**RECEIVED**

JAN 27 2014

*K Rut -*  
 SECRETARY OF STATE  
 ELECTIONS DIVISIONS  
 #2315

**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: \_\_\_\_\_  
 Fix Education First      702.641.5822

Mailing Address:  
 8363 W. Sunset Rd. #250      Las Vegas      NV      89113  
Street Name, Number      City      State      Zip Code

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

Dedicated to improving education in Southern Nevada.

**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: \_\_\_\_\_  
 Brian McAnallen      702.641.5822

Physical Address:  
 8363 W Sunset Rd. #250      Las Vegas      NV      89113  
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.

*Brian McAnallen*  
 Signature of Registered Agent

Date: \_\_\_\_\_  
 1/24/14



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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:**

*Brian M. Anallen*  
 Signature of Representative of Group

Printed Name:  Date:  Telephone: