



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

KRut
 09/30/2014

Office of the
 Secretary of State

 Ross Miller
 Elections Division

#2266

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: _____
 Impacto Fund _____ 702-437-0587

Mailing Address: _____
 420 N. Nellis Blvd. Ste. A3-87 _____ Las Vegas _____ NV 89110
 Street Name, Number _____ City _____ State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
 To support candidates for public office.

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: _____
 Juan Ortega _____ 702-437-0587

Physical Address: _____
 420 N. Nellis Blvd. Ste. A3-87 _____ Las Vegas _____ NV 89110
 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: 9/25/14



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

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 2

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

Officer Name and Title: _____ Telephone: _____
 Lucy Flores 702-437-587

Mailing Address: _____
 420 N. Nellis Blvd. Stc. A3-87 Las Vegas NV 89110
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 Lucy Flores, Director 702-437-0587

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: _____

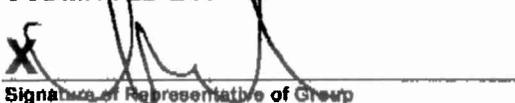
 Street Name, Number City State Zip Code

Name of Organization: _____ Telephone: _____

Mailing Address: _____

 Street Name, Number City State Zip Code

SUBMITTED BY:


 Signature of Representative of Group

Printed Name:
 Lucy Flores

Date:
 09/25/2014

Telephone:
 702-437-0587