

MMJ



ROSS MILLER  
Secretary of State  
Elections Division  
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KRut  
10/08/2014

Office of the  
Secretary of State  
*[Signature]*  
Ross Miller  
Elections Division

# 2338

**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  Change Address  
Previous Name of PAC
- Other:

Name of Committee: The MMJ PAC (Medical Marijuana Political Action Committee) Telephone: 702-328-0529

Mailing Address: 9850 S. Maryland Pkwy, Suite #A5-464 Las Vegas NV 89183  
Street Name, Number City State Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
To Support Political Candidates and Their Causes

**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: Jay Matos Telephone: 702-328-0529

Physical Address: 897 Eurcka Falls Ct Henderson NV 89052  
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 *[Signature]* Date: 10/8/2014



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**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: Jay Matos, Chairman Telephone: 702-328-0529

Mailing Address: 9850 S. Maryland Pkwy, Suite #A5-464 Las Vegas NV 89183  
 Street Name, Number City State Zip Code

Officer Name and Title: Ariel Clark, President Telephone: 702-328-0529

Mailing Address: 9850 S. Maryland Pkwy, Suite #A5-464 Las Vegas NV 89183  
 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:**

X   
 Signature of Representative of Group

Printed Name:  
 Jay Matos

Date:  
 10/8/2014

Telephone:  
 702-328-0529