



ROSS MILLER
Secretary of State
Elections Division
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03/28/2014

Office of the
Secretary of State
Ross Miller
Ross Miller
Elections Division

#2370

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:
Women's Empowerment PAC

Telephone:
775-233-2905

Mailing Address:
1285 Baring Blvd. #402
Street Name, Number

Sparks
City

NV 89434
State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To support political candidates and campaigns.

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:
Bradley Schragor

Telephone:
702-639-5102

Physical Address:
3556 E. Russell Rd.
Street Name, Number

Las Vegas
City

NV 89120
State Zip Code

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

[Signature]
Signature of Registered Agent

Date: 3-28-2014



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

Officer Name and Title: _____ Telephone: 775-233-2905

Debbie Smith - President
 Mailing Address: _____
 1285 Baring Blvd. #402 Sparks NV 89434
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: 702-498-8302

Joyce Woodhouse - Secretary
 Mailing Address: _____
 246 Garfield Dr. Henderson NV 89074
 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 Debbie Smith Printed Name: Debbie Smith Date: 3/28/14 Telephone: 775-233-2905
 Signature of Representative of Group