



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Office of the
Secretary of State
Barbara K. Cegavske
Barbara K. Cegavske

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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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(4)(b))
- Amended Registration: Change Officers Change Registered Agent Change Address
check all that apply
- Change Name Other:
Previous Name of PAC

Name of Committee: Telephone:

Mailing Address:
Street Name, Number City State Zip Code

PAC Active Email Address:

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

The purpose for which the Coalition to Save Our Schools PAC is organized is to advocate for the passage of a Washoe County ballot question to fund school construction and repair needs.

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:

Physical Address:
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:



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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:	
Tray Abney, Chair		(775) 443-5561	
Mailing Address:			
449 South Virginia Street	Reno	NV	89501
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Officer Name and Title:		Telephone:	
Caryn Swobe, Vice Chair		(775) 348-1622	
Mailing Address:			
1019 La Rue Avenue	Reno	NV	89509
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Officer Name and Title:		Telephone:	
Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Officer Name and Title:		Telephone:	
Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

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:	
The Chamber of Reno, Sparks, and Northern Nevada		(775) 636-9543	
Mailing Address:			
449 South Virginia Street	Reno	NV	89501
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Name of Organization:		Telephone:	
Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Name of Organization:		Telephone:	
Mailing Address:			
<small>Street Name, Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

SUBMITTED BY:

X	Printed Name:	Date:	Telephone:
Signature of Representative of Group	Tray Abney	04/12/2016	(775) 443-5561