



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 20 2015

K. Rut
 SECRETARY OF STATE
 ELECTIONS DIVISIONS
 #1934

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:
 NEA Fund for Children and Public Education Non-Federal Itemized Account

Telephone:
 (202) 822-7255

Mailing Address:
 1201 16th Street NW Ste 418
 Street Name, Number

Washington
 City

DC 20036
 State Zip Code

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

To make contributions to and expenditures on behalf of non-federal candidates and committees who are friends of public education.

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:

Debbie Cahill

Telephone:

(702) 733-7330

Mailing Address:

3511 East Harmon
 Street Name, Number

Las Vegas
 City

NV 89121
 State Zip Code

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

signature on file

Signature of Registered Agent

Date:
 n/a



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: | |
| Michael McPherson, Treasurer | | (202) 822-7179 | |
| Mailing Address: | | | |
| 1201 16th Street NW Suite 418 | Washington | DC | 20036 |
| Street Name, Number | City | State | Zip Code |

| | | | |
|---------------------------------------|------------|----------------|----------|
| Officer Name and Title: | | Telephone: | |
| Adrienne Calhoun, Assistant Treasurer | | (202) 822-7093 | |
| Mailing Address: | | | |
| 1201 16th Street NW Suite 418 | Washington | DC | 20036 |
| 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: | |
| National Education Association | | (202) 822-7255 | |
| Mailing Address: | | | |
| 1201 16th Street NW | Washington | DC | 20036 |
| Street Name, Number | City | State | Zip Code |

| | | | |
|--|------------|----------------|----------|
| Name of Organization: | | Telephone: | |
| NEA Fund for Children and Public Education | | (202) 822-7255 | |
| Mailing Address: | | | |
| 1201 16th Street NW Suite 418 | Washington | DC | 20036 |
| Street Name, Number | City | State | Zip Code |

| | | | |
|-----------------------|------|------------|----------|
| Name of Organization: | | Telephone: | |
| | | | |
| Mailing Address: | | | |
| | | | |
| Street Name, Number | City | State | Zip Code |

SUBMITTED BY:

| | | |
|--------------------------------------|---------|----------------|
| | Date: | Telephone: |
| Signature of Representative of Group | 1/13/15 | (202) 822-7255 |