



BARBARA K. CEGAUSKE  
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 Elections Division  
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 SECRETARY OF STATE  
 ELECTIONS DIVISIONS  
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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:  
 Nevada Hispanic Legislative Caucus

Telephone:  
 702-781-0397

Mailing Address:  
 3800 Reflection Way  
 Street Name, Number

Las Vegas  
 City

NV 89147  
 State Zip Code

PAC Active Email Address: nevadahlc@gmail.com

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
 The NHLC is committed to advocating for Nevada Hispanics to build a stronger community.

**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:

Irene Bustamante Adams

Telephone:  
 7025423900

Physical Address:

3800 Reflection Way  
 Street Name, Number

Las Vegas  
 City

NV 89147  
 State Zip Code

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

Irene Bustamante Adams  
 Signature of Registered Agent

Date:  
 06/11/15



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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:

Irene Bustamante Adams, President

Telephone:  
7025423900

Mailing Address:

3800 Reflection Way  
 Street Name, Number

Las Vegas  
 City

NV 89147  
 State Zip Code

Officer Name and Title:

Olivia Diaz, Secretary/Treasurer

Telephone:  
7025018994

Mailing Address:

PO Box 365072  
 Street Name, Number

North Las Vegas  
 City

NV 89036  
 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:

Date:

Telephone: