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Office of the
Secretary of State
Barbara Cegavske
Barbara Cegavske
Elections Division

JStokes
1/14/2016
#2281

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(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply

☐ Change Name _____
Previous Name of PAC

☐ Other: _____

Name of Committee: Silver State Jobs PAC
Telephone: 702-259-5559

Mailing Address:
PO Box 751271 (Street Name, Number) | Las Vegas (City) | NV (State) | 89136 (Zip Code)

PAC Active Email Address: chrissie@incompliance.net

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

To conduct independent expenditure activities to promote candidates for public office.

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: Ryan Erwin
Telephone: 702-240-2001

Physical Address:
9500 W. Flamingo Rd #203 (Street Name, Number) | Las Vegas (City) | NV (State) | 89147 (Zip Code)

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

X _____
Signature of Registered Agent

Date: 01/14/2016

EL400
Revised: 11-5-15

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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: Chrissie Hastie /Treasurer
Telephone: 702-259-5559
Mailing Address: PO Box 751271 (Street Name, Number) | Las Vegas (City) | NV (State) | 89136 (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

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: N/A
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: Chrissie Hastie
Date: 01/14/2016
Telephone: 702-259-5559

EL400
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