



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 Cegavske

Barbara Cegavske
 Elections Division

JStokes

8/09/2016 #2290

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 _____
 Previous Name of PAC

Other: _____

Name of Committee: America Votes Action Fund Nevada Telephone: 202-962-7240

Mailing Address:
1155 Connecticut Avenue, NW #600 Washington DC 20036
 Street Name, Number City State Zip Code

PAC Active Email Address: actionfund@americavotes.org

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

To inform and educate voters about candidates in the state of Nevada.

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: Kenia Morales Telephone: 303-882-3226

Physical Address:
3787 E. Sunset Rd. Las Vegas NV 89120
 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.

Kenia Morales
 Signature of Registered Agent

Date: 07/29/2016



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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:**

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

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:

Susan Finkle Sourlis **Printed Name:** **Date:** **Telephone:**
Signature of Representative of Group