



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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01/12/2015 #2340

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

**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: check all that apply
 - Change Officers
 - Change Registered Agent
 - Change Address
 - Change Name Previous Name of PAC
 - Other:

Name of Committee: NVJOBS PAC Telephone: 775-233-7799

Mailing Address: 10280 Copper Cloud Drive Reno NV 89511

Street Name, Number City State Zip Code

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

To oppose ballot initiatives raising taxes

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: Maria Martinez Telephone: 775-221-1991

Physical Address: 6990 S. McCarran Blvd., Suite 300 Reno NV 89509

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.

Maria Martinez Date: 1-12-15

Signature of Registered Agent



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Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Maralene Martin, Director Telephone: 775-233-7799

Mailing Address: 10280 Copper Cloud Drive Reno NV 89511
Street Name, Number City State Zip Code

Officer Name and Title: Sharon T. Jacobson, Director Telephone: 775-846-8267

Mailing Address: 9890 West Desert Canyon Drive Reno NV 89511
Street Name, Number City State Zip Code

Officer Name and Title: Manny Martinez, Director Telephone: 775-852-5702

Mailing Address: 2865 Shale Creek Drive Reno NV 89511
Street Name, Number City State Zip Code

Officer Name and Title:
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]
Signature of Representative of Group

Printed Name: Maralene Martin Date: 1-12-15 Telephone: 775-233-7799