BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Phone: (775) 684-5705
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02/13/2015 #2474

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

[X] 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: Nevada Can Do Better PAC
Telephone: (702)259-5559

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

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

To advocate reforms in Nevada's education system.

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: Chrissie Hastie
Telephone: (702)259-5559

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

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

X _____ Date: 2/13/15
Signature of Registered Agent

EL400.01
Revised: 1-5-15

From: unknown Page: 1/2 Received by: NV Secretary of State Date: 2/13/2015 1:44:34 PM

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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: 02/13/2015
Telephone: (702)259-5559

EL400.01
Revised: 1-5-15

From: unknown Page: 2/2 Received by: NV Secretary of State Date: 2/13/2015 1:44:35 PM