



BARBARA K. CEGAVSKE  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-3714  
 Phone: (775) 684-5705  
 Fax: (775) 684-5718  
 Website: www.nvsos.gov

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MAY 23 2016 *MM*

SECRETARY OF STATE  
 ELECTIONS DIVISION

#3573

**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       Change Address  
Previous Name of PAC
- Other: \_\_\_\_\_

Name of Committee: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Leaders in Education \_\_\_\_\_ 703/926-1987

Mailing Address: \_\_\_\_\_  
 1805 7th Street, NW, 8th Floor      Washington      DC 20001  
 Street Name, Number      City      State      Zip Code

PAC Active Email Address: [bki.bahar-engler@educationalequity.org](mailto:bki.bahar-engler@educationalequity.org)

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
 To support educators in their pursuit of leadership

**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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Shawna Wells      215/280-1889

Physical Address: \_\_\_\_\_  
 686 Manitoba Avenue      Las Vegas      NV 89123  
 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.

*[Signature]* \_\_\_\_\_ Date: \_\_\_\_\_  
 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:** Beki Bahar- Engler, Treasurer & Custodian of Records **Telephone:** 703/926-1987

**Mailing Address:**  
 1805 7th Street, NW, 8th Floor Washington DC 20001  
 Street Name, Number City State Zip Code

**Officer Name and Title:** Mike Buman, Assistant Treasurer **Telephone:** 202/552-2400

**Mailing Address:**  
 1805 7th Street, NW, 8th Floor Washington DC 20001  
 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:**

**X**   
 Signature of Representative of Group

**Printed Name:**  
 Beki Bahar-Engler

**Date:**  
 May 17, 2016

**Telephone:**  
 703/926-1987