



BARBARA K. CEGAVSKE  
Secretary of State  
Elections Division  
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Office of the  
Secretary of State  
*Barbara Cegavske*  
Barbara Cegavske  
Elections Division

JStokes  
5/27/2016

#3575

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: Education Matters - Nevada Telephone: (702) 794-2537

Mailing Address:  
3505 East Flamingo, Suite 2 Las Vegas NV 89121  
Street Name, Number City State Zip Code

PAC Active Email Address: mr.guillermovazquez@gmail.com

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

To support political goals of education support professionals in 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: Guillermo Vazquez Telephone: (702) 794-2537

Physical Address:  
3505 East Flamingo, Suite 2 Las Vegas NV 89121  
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: May 27, 2016  
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:**  **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:**

**Mailing Address:**  
     
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:**

**Mailing Address:**  
     
Street Name, Number City State Zip Code

**Name of Organization:**

**Mailing Address:**  
     
Street Name, Number City State Zip Code

**SUBMITTED BY:**

**X**   
 Signature of Representative of Group

**Printed Name:**  **Date:**  **Telephone:**