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

JStokes
9/22/2016 #3594

BARBARA K. CEGAVSKE
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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; check all that apply ☒ Change Officers ☒ Change Registered Agent ☒ Change Address

☐ Change Name _____ Previous Name of PAC

☐ Other: _____

Name of Committee: Protecting Nevada's Children
Telephone: 775-832-6800

Mailing Address: P.O. Box 371553 (Street Name, Number) Las Vegas (City) NV (State) 89137 (Zip Code)

PAC Active Email Address: JGuinasso@rkglawyers.com

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

To educate Nevadans to vote against Question 2 on the General Election Ballot, which would legalize recreational marijuana 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: Jason Guinasso
Telephone: 775-832-6800

Physical Address: 936 Southwood Blvd., Suite 301 (Street Name, Number) Incline Village (City) NV (State) 89451 (Zip Code)

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

X _____ Signature of Registered Agent
Date: 9/19/2016

EL400
Revised: 11-5-15

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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: Jason Guinasso-President
Telephone: 775-832-6800
Mailing Address: 936 Southwood Blvd. Suite 301 (Street Name, Number) | Incline Village (City) | NV (State) | 89451 (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:

X
Signature of Representative of Group

Printed Name: Jason Guinasso
Date: 9/19/16
Telephone: 775.832.6800

EL400
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