

Hip



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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ELECTIONS DIVISIONS  
#2152

**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: Reactivate PAC

Name of Committee: Associations, Inc. PAC/Associa PAC      Telephone: 248-371-7268

Mailing Address: 5401 North Central Expressway, Suite 300      Dallas TX 75205  
Street Name, Number      City      State      Zip Code

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

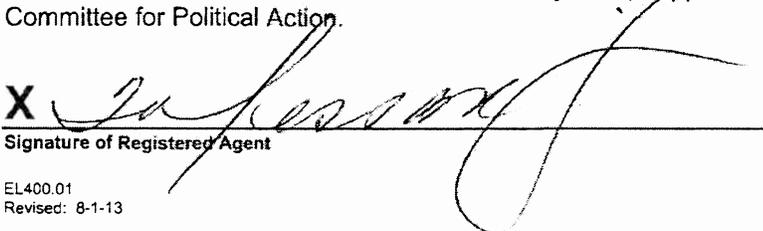
to support candidates, PAC's and Political Parties whose views are similar to that of Associations, Inc.

**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: Tiffany DeSaints      Telephone: 702-795-3344

Physical Address: 3675 West Cheyenne Ave, Suite 100      North Las Vegas NV 89032  
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.

      Date: 3/10/2014

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:

Paul Reyes  214-953-3009

Mailing Address:

5401 North Central Expressway, Suite 290  Dallas  TX  75205

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

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** *Stephanie Ming*  
 Signature of Representative of Group

Printed Name:  Date:  Telephone:

Stephanie Ming  03/11/2014  248-371-7268

(PAC Administrator)