

STATE OF NEVADA  
COMMITTEE FOR POLITICAL ACTION (PAC)  
Registration Form



Secretary of State Ross Miller

HHNLV

FILED

FEB - 3 2011

SECRETARY OF STATE  
ELECTIONS DIVISION

COMMITTEE FOR POLITICAL ACTION: (check one)

New Registration

Amended Registration (if amended, list reason)

Change Resident Agent

Change of Address

Change in Officers

Other: \_\_\_\_\_

NAME OF COMMITTEE: Hispanic Homeowners of North Las Vegas

Mailing Address: 5575 N. Simmons Street; Suite 1 #130

North Las Vegas  
City

NV  
State

89031  
Zip

(702) 445-4116  
Telephone

**PURPOSE:** (Briefly state the purpose for which the Political Action Committee was organized.)

For support of candidates for local government who are committed to effectively leading the City of North Las Vegas

**RESIDENT AGENT:** (Pursuant to NRS 294A.240, each Committee for Political Action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: Maria Cruz

Mailing Address: 5575 N. Simmons St.; Suite 1 #130

North Las Vegas  
City

NV  
State

89031  
Zip

(702) 445-4116  
Telephone

**ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT**

I, Maria Cruz, hereby accept appointment as Resident Agent for the above named Committee for Political Action.

x Maria Cruz  
Signature of Resident Agent

1/31/11  
Date

**OFFICERS:** (Please list the name, title, address and telephone number of each officer.)

**NAME:** Maria Cruz **ADDRESS:** 5575 N. Simmons St. ; Ste 1 #130  
**TITLE:** President North Las Vegas NV 89031 (702) 445-4116  
City State Zip Telephone

**NAME:** Eduardo Garcia **ADDRESS:** 5575 N. Simmons St; Ste 1 #130  
**TITLE:** Vice President + Secretary North Las Vegas NV 89031 \_\_\_\_\_  
City State Zip Telephone

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
City State Zip Telephone

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
City State Zip Telephone

**AFFILIATIONS**

If the Committee for Political Action 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**

**Address & Telephone No.**

\_\_\_\_\_  
Organization \_\_\_\_\_  
City State Zip Telephone

\_\_\_\_\_  
Organization \_\_\_\_\_  
City State Zip Telephone

\_\_\_\_\_  
Organization \_\_\_\_\_  
City State Zip Telephone

**Submitted By:**

x *Maria Cruz*  
Signature of representative of group

1/31/11  
Date

(702) 445-4116  
Telephone



**Send completed form to:**  
**SECRETARY OF STATE ROSS MILLER**  
**ELECTIONS DIVISION**  
**101 NORTH CARSON STREET, STE. 3**  
**CARSON CITY, NEVADA 89701-4768**  
**PHONE: (775) 684-5705 FAX: (775) 684-5718**

**Reset Form**