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10/24/2014

Office of the
Secretary of State
[Signature]
Ross Miller
Elections Division

#2450



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4768
Phone: (775) 684-5705
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Website: www.nvsos.gov

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: Change Officers Change Registered Agent Change Address
check all that apply
- Change Name Change Address
Previous Name of PAC
- Other:

Name of Committee: Ready for Hillary Telephone: 703/465-2016 ext.224

Mailing Address: 1611 N Kent #500 Arlington VA 22209
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To accept contributions and make expenditures supporting or opposing Nevada candidates.

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: Megan Krausman Jones Telephone: 702.266.7721

Physical Address: 7483 Sun Summit Court Las Vegas NV 89178
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: 10/10/2014
Signature of Registered Agent



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Amy Gray Compliance Director Telephone: 517 256 5424
 Mailing Address: _____
49392 Limestone Dr _____
 Street Name, Number _____ City Macomb State MI Zip Code 48044

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:

[Signature]
 Signature of Representative of Group

Printed Name: Amy Gray

Date: 10-24-14 Telephone: 517-256-5424