



ROSS MILLER
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SECRETARY OF STATE

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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(3)(b))
- Amended Registration: Change Officers Change Registered Agent Change Address
check all that apply
- Change Name Previous Name of PAC
- Other:

Name of Committee: NVJOBS PAC Telephone: 775-233-7799

Mailing Address: 10280 Copper Cloud Drive Reno NV 89511
Street Name, Number City State Zip Code

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

To oppose ballot initiatives raising taxes

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: Maria Martinez Telephone: 775-221-1991

Physical Address: 6990 S. McCarran Blvd., Suite 300 Reno NV 89509
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.

Maria Martinez
Signature of Registered Agent

Date: 8-26-13



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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: _____
 Maralene Martin, Director 775-233-7799

Mailing Address: _____
 10280 Copper Cloud Drive Reno NV 89511
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 Manny Martinez, Director 775-852-5702

Mailing Address: _____
 2865 Shale Creek Drive Reno NV 89511
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 Gerald P. O'Driscoll, Director 775-313-3251

Mailing Address: _____
 10280 Copper Cloud Drive Reno NV 89511
 Street Name, Number City State Zip Code

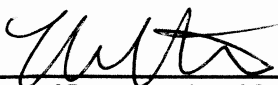
Officer Name and Title: _____ Telephone: _____
 Mailing Address: _____
 Street Name, Number City State Zip Code

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 of Representative of Group
 Printed Name: Maralene Martin Date: 8/26/13 Telephone: 775-233-7799