

BARBARA K. CEGAVSKE Secretary of State 101 North Carson Street, Suite 3 Carson City, Nevada 89701 (775) 684-5705

Facsimile: (775) 684-5718 Email: nvelect@sos.nv.gov Website: www.nvsos.gov

State of Nevada Committee Registration Form

Use this form to register or make changes to a:

- Committee for Political Action (PAC)
- Committee for Political Action (PAC) Advocating Passage or Defeat of a Ballot Question
- Committee Sponsored by a Political Party
- Recall Committee

Select Committee Type							
☐ Committee for Political Action (PAC) ☐ Com	mittee Spo	nsored by a Political Party	Recall Committee				
Committee for Political Action (PAC) Advocating Passage							
Action Requested (silect all that apply)							
☐ New Registration ☐ PAC Annual Registration (Due on or before January 15 th of each year — NRS 294A 230(4)(b))							
☐ Amended Registration (check all that apply):							
☐ Change Officers ☐ Change Registered Agent ☐ Change Address ☐ Reactivation							
☐ Change Name (previous name of Committee)							
Other							
Name of Committee							
Education Freedom for Nevada							
Mailing Address	City		State	ZIP Code			
50 S Jones Blvd #201	Las Veg	as	NV	89107			
Email Address Telephone Number							
reports@incompliance.net		(702) 259-5559					
PUPROSE: Briefly state the purpose for which the Committee was organized. To pass a statuatory amendment related to education savings accounts.							
Name of Public Officer to be Recalled (Include title of office held) *This section only applies to a Recall Committee*							
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. *Recall Committees only need a Registered Agent if it is an organization located outside the State.*							
Name of Registered Agent	Email Address		Telephone Number				
Cameron Phillips	cameron@incompliance.net		(702) 259-5559				
Physical Address	City		State	ZIP Code			
50 S Jones Blvd	Las Veg		NV	89107			
REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee. For Office Use Only							
fer	_						
Signature of Registered Agent		Office of the Secretary of State	KRhynes	8			
1/17/27		Barlina Cegarish	ر ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	062			
Date		Barbara Cegavske		1			

OFFICERS: List the name, title, address	e arid telephone number of each officer (attach additional pages, if ner	æssary).	
Officer Name and Title Erin Phillips - Chairwoman		· '	Telephone Number (702) 672-2090	
Mailing Address PO Box 751271	City Las Vegas	State NV	ZIP Code 89136	
Officer Name and Title Chrissie Hastie - Treasurer				
Mailing Address PO Box 751271	City Las Vegas	State NV	ZIP Code 89136	
Officer Name and Title		Telephone Num	ber	
Mailing Address	City	State	ZIP Code	
Officer Name and Title	r Name and Title Telephone N		iber	
Mailing Address	City	State	ZIP Code	
AFFILIATIONS: If the PAC is affiliated a organization (attach additional pages, *Political Party Committees and Record Name of Organization		ne, address and telephone nur Telephone Num		
NONE				
Mailing Address	City	State	ZIP Code	
Name of Organization	ame of Organization Telephone		ıber	
Mailing Address	City	State	ZIP Code	
SUBMITTED BY:				
Chrissie Hastie		(702) 259-55	559	
Printed Name		Telephone Number		
Signature		Date 1/17/22		
Jigilature				