



BARBARA K. CEGAUSKE  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-3714  
 Phone: (775) 684-5705  
 Fax: (775) 684-5718  
 Website: www.nvsos.gov

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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(4)(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: Coalition For Nevada's Future      Telephone:

Mailing Address: 401 S. Curry St.      Carson City      NV 89703  
Street Name, Number      City      State      Zip Code

PAC Active Email Address: tia@g3nv.com

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
TO OPPOSE PETITIONS WHICH WOULD REPEAL STATE LAW, AND FOR ALL OTHER LEGAL PURPOSES.

**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: Matt Griffin      Telephone: 775-882-4002

Physical Address: 401 S. Curry St.      Carson City      NV 89703  
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.

Matt Griffin      Date: 1/14/16  
 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: **TIA DIETZ - DIRECTOR** Telephone: **775 622 0459**  
 Mailing Address: **727 (B) Riverside Dr** **Reno** **NV 89503**  
 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**  Printed Name: **TIA DIETZ** Date: **1/14/16** Telephone: **775 622 0459**  
 Signature of Representative of Group