



Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-4768
 Phone: (775) 684-5705
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 03/13/2014

NFBF
 Office of the
 Secretary of State

 Ross Miller
 Elections Division

#2265

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:
 Nevadans for a Brighter Future

Telephone:

Mailing Address:
 1930 Village Center Circle, #3-831
 Street Name, Number

Las Vegas
 City

NV 89134
 State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
 To promote the betterment of Nevada and fight for issues important to Nevada's citizens.

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:
 Kelly M. Sullivan

Telephone:
 702-658-5459

Physical Address:
 1501 Reising Ct.
 Street Name, Number

Las Vegas
 City

NV 89144
 State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X
 Signature of Registered Agent

Date:
 3-13-2014



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STATE OF NEVADA
**Committee for Political Action
 (PAC)**
Registration Form
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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: David Kallas Telephone: 702-245-6172

Mailing Address: 7733 Eastgate Rd. Henderson NV 89011
 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 David Kallas
 Signature of Representative of Group

Printed Name:
 David Kallas

Date:
 3-11-2014

Telephone:
 702-245-6172