



ROSS MILLER  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
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*KRut*  
 10/24/2014

Office of the  
 Secretary of State  
  
 Ross Miller  
 Elections Division  
 # 2446

**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:  Change Officer's Address

Name of Committee:  Nevadans for a Better Tomorrow      Telephone:  725-222-0316

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

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

To support 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:  Matt Griffin      Telephone:  702-778-2274

Physical Address:  
 6700 Via Austi Parkway, Suite B       Las Vegas       NV       89119  
 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 of Registered Agent      Date:  10/24/2014



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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:  Telephone:   
 Kathleen McInerney, President  725-222-0316

Mailing Address:  
     
 PO Box 230246  Las Vegas  NV  89105   
 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:   
 Everytown for Gun Safety Action Fund  646-324-8250

Mailing Address:  
     
 PO Box 4184  New York  NY  10163   
 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:**

 Printed Name:  Date:  Telephone:   
 Signature of Representative of Group  Matt Griffin  10/24/2014  702-778-2274