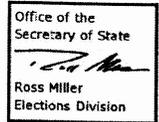


TC79



ROSS MILLER
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-4768
 Phone: (775) 684-5705
 Fax: (775) 684-5718
 Website: www.nvsos.gov

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 03/08/13



#2318

**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: _____ Telephone: _____
 The Coalition for Truth in Government (702) 671-0165

Mailing Address:
 415 South 6th Street, Suite 200 Las Vegas NV 89101
Street Name, Number City State Zip Code

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

Accurately inform the public about poor elected officials

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: _____ Telephone: _____
 David Thomas (702) 671-0165

Mailing Address:
 415 South 6th Street, Suite 200F Las Vegas NV 89101
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.

X David Thomas
 Signature of Registered Agent

Date: _____
 3/8/2013



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State of Nevada
Committee for Political Action
(PAC)
Registration Form
Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Telephone:

David Thomas, Chair

(702) 671-0165

Mailing Address:

415 South 6th Street, Suite 200F

Las Vegas

NV

89101

Street Name, Number

City

State

Zip Code

Officer Name and Title:

Telephone:

Andrea Garnica, Vice-Chair

(702) 671-0165

Mailing Address:

415 South 6th Street, Suite 200F

Las Vegas

NV

89101

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 Thomas

Date:

3/8/2013

Telephone:

(702) 671-0165

Signature of Representative of Group