



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

**RECEIVED**

JAN 15 2016

SECRETARY OF STATE  
 ELECTIONS DIVISION

# 2366

**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 ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:

Coalition to Regulate Marijuana Like Alcohol

Telephone:

(702) 907-0397

Mailing Address:

2300 W. Sahara Ave, Suite 800

Street Name, Number

Las Vegas

City

NV 89102

State Zip Code

PAC Active Email Address: nvcannabis@gmail.com

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

Advocate for the passage of a ballot initiative regulating marijuana for adults over the age of 21.

**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:

Joseph Brezny

Telephone:

(702) 907-0397

Physical Address:

2300 W. Sabara Ave, Suite 800

Street Name, Number

Las Vegas

City

NV 89102

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:

January 15, 2016



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**State of Nevada**  
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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:

Telephone:

Joseph Brezny, Manager

(702) 907-0397

Mailing Address:

2300 W. Sahara Ave, Suite 800

Las Vegas

NV 89102

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:

Date:

Telephone:

Joseph Brezny

January 15, 2016 (702) 907-0397

Signature of Representative of Group