FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. TOGETHER FOR NEVADA'S FUTURE PAC PO BOX 341027 ADDRESS (number and street) (Check if address is changed) **AUSTIN** 78734 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address so@gobergroup.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00882050 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer OLEARY, SHANNON, , OLEARY, SHANNON, , , Date 06 26 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1	(Revised 03/2022)	Page 2			
TYPE O	F COMMITTEE:				
Candid	ate Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate			
Name Candio					
Candic Party A	date Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	Name of Candidate				
Party C	Committee: This committee is a	atic, an, etc.) Party			
Politica (e)	tical Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a				
	Corporation Corporation w/o Capital Stock Labor	r Organization			
	Membership Organization Trade Association Coop	erative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
(g) X	This committee is an independent expenditure-only political committee (Super PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.				
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).			
	In addition, this committee is a Lobbyist/Registrant PAC.				
Joint F	undraising Representative:				
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Com	mittees Participating in Joint Fundraiser				
1	C				

Title or Position ▼

| TREASURER

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V	Vrite or Type Comm	ER FOR NEVADA'S FUTURE PAC					
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
	NONE						
	Mailing Address						
		CITY ▲	STATE ▲ ZIP CODE ▲				
	Relationship:	Connected Organization Affiliated Organization Joint Fu	undraising Representative Leadership PAC Sponso				
7.	books and records Full Name Mailing Address	ords: Identify by name, address (phone number optional) and post. OLEARY, SHANNON, , , PO BOX 341027					
		AUSTIN	TX 78734				
		CITY ▲	STATE ▲ ZIP CODE ▲				
	Title or Position ▼		STATE = ZII GODE =				
	TREASURER		none number 512 - 354 - 1784				
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
	Full Name	OLEARY, SHANNON, , ,					
	of Treasurer	PO BOX 341027					
	Mailing Address	O DOX 341021					
		AUSTIN	TX 78734				

CITY A

ZIP CODE ▲

1784

354

STATE lacktriangle

Telephone number

512

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Full Name of Designated Agent	OBRIEN, ASHLIN, , , , , , , , , , , , , , , , , , ,	
Mailing Address	PO BOX 341021	
	AUSTIN	78734
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
ASSISTANT TRE		
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposit res or maintains funds.	s funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	CHAIN BRIDGE BANK NA	
Mailing Address	1445-A LAUGHLIN AVE	
	MCLEAN VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲