RRut
01/15/14

Office of the Secretary of State
Ross Miller
Elections Division

#1810

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

State of Nevada
Committee for Political Action (PAC)
Registration Form
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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: check all that apply ☐ Change Officers ☐ Change Registered Agent ☐ Change Address

☐ Change Name _____ Previous Name of PAC

☐ Other: _____

Name of Committee: California Nurses Association PAC

Telephone: (916)442-2952

Mailing Address: 555 Capitol Mall, Suite 1425 (Street Name, Number) Sacramento (City) CA (State) 95814 (Zip Code)

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

To support or oppose 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: Mike Ford

Telephone: (702)407-1119

Physical Address: 4270 South Decatur Blvd. Suite B-2 (Street Name, Number) Las Vegas (City) NV (State) 89103 (Zip Code)

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

X [signature] Date: 1/14/14

Signature of Registered Agent

EL400.01
Revised: 8-1-13

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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: Malinda Markowitz
Telephone: (408)224-1274
Mailing Address: 5899 Paddon Street (Street Name, Number) | San Jose (City) | CA (State) | 95123 (Zip Code)

Officer Name and Title: Michael Lightly, Assistant Treasurer
Telephone: (510)273-2200
Mailing Address: 2000 Franklin Street (Street Name, Number) | Oakland (City) | CA (State) | 94612 (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: California Nurses Association
Telephone: (510)273-2200
Mailing Address: 2000 Franklin Street (Street Name, Number) | Oakland (City) | CA (State) | 94612 (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 Malinda Markowitz
Signature of Representative of Group

Printed Name: Malinda Markowitz
Date: 1-10-14
Telephone: (408)224-1274

EL400.01
Revised: 8-1-13