FEPAC

KRut 01/07/14

Office of the Secretary of State
Ross Miller
Elections Division

#2161

ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Phone: (775) 684-5705
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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: Fertitta Entertainment PAC

Telephone: (800) 544-2411

Mailing Address: 1505 S. Pavilion Center Drive (Street Name, Number) Las Vegas (City) NV (State) 89135 (Zip Code)

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

Fertitta Entertainment PAC is a non-connected federal multi-candidate PAC that supports various federal and state 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: Marc Falcone

Telephone: (800) 544-2411

Physical Address: 1505 S. Pavilion Center Drive (Street Name, Number) Las Vegas (City) NV (State) 89135 (Zip Code)

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

X _____ Date: 1/6/14
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: Steven S. Lucas, Treasurer
Telephone: (415) 389-6800
Mailing Address: 2350 Kerner Blvd., Ste. 250 (Street Name, Number) San Rafael (City) CA (State) 94901 (Zip Code)

Officer Name and Title: Elli Abdoli, Assistant Treasurer
Telephone: (415) 389-6800
Mailing Address: 2350 Kerner Blvd., Ste. 250 (Street Name, Number) San Rafael (City) CA (State) 94901 (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 [signature]
Signature of Representative of Group

Printed Name: Steven S. Lucas
Date: 1/3/2014
Telephone: (415) 389-6800

EL400.01
Revised: 8-1-13