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K. Kunt
SECRETARY OF STATE
ELECTIONS DIVISION
#1802



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
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 Change Address
Previous Name of PAC
- Other:

Name of Committee: SEIU Political Education and Action Fund Telephone: 202/730-7000

Mailing Address: 1800 Massachusetts Ave., NW Washington DC 20036
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
To address political issues of public importance.

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: Mayra Ocampo Telephone: 702/920-5969

Physical Address: 3785 E. Sunset Rd. Las Vegas NV 89120
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
Signature of Registered Agent

Date: *1/14/14*



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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: _____
 Michael P. Fishman, Treasurer 202/730-7000
 Mailing Address: _____
 1800 Massachusetts Ave., NW Washington DC 20036
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____
 Mary Kay Henry, Chairperson 202/730-7000
 Mailing Address: _____
 1800 Massachusetts Ave., NW Washington DC 20036
 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: _____
 Service Employees International Union 202/730-7000
 Mailing Address: _____
 1800 Massachusetts Ave., NW Washington DC 20036
 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: Michael P. Fishman Date: 1/10/14 Telephone: 202/730-7000
 Signature of Representative of Group