



101 N Carson Street, Suite 3
Carson City, NV, 89701
775.687.8683

Candidate Contribution & Expenses Form
NRS 294A

CONTRIBUTIONS AND EXPENSES REPORT	STATE OF NEVADA
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Name (print) _____ Office (if applicable) _____ District (if applicable) _____

Mailing Address (include city and zip code) _____ Telephone No. _____

E-Mail Address _____

Select Appropriate Box(es)	<input type="checkbox"/> CANDIDATE	<input type="checkbox"/> LEGAL DEFENSE FUND	<input type="checkbox"/> AMENDED
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- ☐ **Report #1 — Due April 15, 2026**
Period: Jan. 1, 2026 — Mar. 31, 2026
- ☐ **Report #2 — Due July 15, 2026**
Period: April 1, 2026 — June 30, 2026
- ☐ **Report #3 — Due Oct. 15, 2026**
Period: July 1, 2026 — Sept. 30, 2026
- ☐ **Report #4 — Due January 15, 2027**
Period: Oct. 1, 2026 — Dec. 31, 2026
- ☐ **Annual Filing — Due January 15, 2027**
Period: Jan. 1, 2026 — Dec. 31, 2026

FOR OFFICE USE ONLY

*** Report #4 suffices for the 2026 Annual CE Filing only if Report #'s 1, 2, 3, are previously filed this period**

CONTRIBUTIONS SUMMARY	Cumulative Total From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions in Excess of \$100	
2. Total Monetary Contributions in the Form of Loans Guaranteed by a 3 rd Party in Excess of \$100	
3. Total Monetary Contributions in the Form of Loans that were Forgiven in Excess of \$100	
4. Total Amount of Written Commitments for Contributions in Excess of \$100	
5. Total Value of In-Kind Contributions in Excess of \$100	
6. Total Value of Written Commitments for In-Kind Contributions in Excess of \$100	
7. Total Amount of all Contributions of \$100 or Less	
8. Total Amount of All Contributions (Add Lines 1 through 7)	

EXPENSES SUMMARY	
9. Total Monetary Expenses Paid in Excess of \$100	
10. Total Value of In-Kind Expenses in Excess of \$100	
11. Total Amount of all Expenses of \$100 or Less	
12. Total Amount of All Expenses (Add Lines 9 through 11)	
ENDING FUND BALANCE	
13. Fund balance at the end of the reporting period	

AFFIRMATION	
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MUST SELECT AT LEAST ONE:

☐ I Declare Under Penalty of Perjury that the Foregoing is True and Correct.

☐ I Declare Under an Oath to God that the Foregoing is True and Correct.*

*A declaration under an oath to God is subject to the same penalties as declaration under penalty of perjury.

☐ I have agreed to the following terms and conditions.

I declare, under penalty of perjury or under an oath to God, that the information I submitted herein to the Secretary of State for the State of Nevada is true and correct, and is not submitted for any improper purpose, and that I am authorized to submit the information, and to the best of my knowledge complies with NRS Chapter 294A. I have reviewed NRS 225.083. I understand it is unlawful to submit any illegal, unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by state and federal law, to the Secretary of State, and agree to indemnify the Secretary of State, and any other parties entitled thereto, for any damages incurred for any unlawful, unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by the federal and state law, submitted to the Secretary of State by my use of this electronic filing system. I further understand that I may be subject to criminal (NRS 239.330) and/or civil (NRS 225.084) penalties for submitting any unlawful unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by federal and state law. I understand and agree that all information submitted is the property of the Secretary of State and may be monitored for all lawful purposes. I understand that during such monitoring, all information, including personal information placed on this system, may be examined, copied, and used for any authorized purpose. By submitting this report, I intend to identify myself as the authorized person signing this document and with the present intent of authenticating my signature as such.

Signature

Date

MONETARY CONTRIBUTIONS

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

**MONETARY CONTRIBUTIONS IN EXCESS OF \$100 OR,
WHEN ADDED TOGETHER FROM ONE CONTRIBUTOR, THAT EXCEED \$100**

(Transfer Total Amount of All Monetary Contributions to Lines 1, 2, or 3, As Applicable, of Contributions Summary)

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO MADE CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT OF CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 rd PARTY IF LOAN GUARANTEED BY 3 rd PARTY	NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR

This page may be copied or duplicated if additional space is needed.

Name (print)

Office (if applicable)

District (if applicable)

**WRITTEN COMMITMENTS FOR CONTRIBUTIONS IN EXCESS OF \$100 OR,
WHEN ADDED TOGETHER FROM ONE ENTITY, THAT EXCEED \$100**

(Transfer Total Amount of All Written Commitments to Line 4 of Contributions Summary)

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO MADE THE COMMITMENT	DATE OF COMMITMENT	AMOUNT OF COMMITMENT

This page may be copied or duplicated if additional space is needed.

District (if applicable)

(Transfer Total Value of All In-Kind Contributions to Line 5 of Contributions Summary)

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Name (print)

Office (if applicable)

District (if applicable)

WRITTEN COMMITMENTS FOR IN-KIND CONTRIBUTIONS IN EXCESS OF \$100 OR,
WHEN ADDED TOGETHER FROM ONE ENTITY, THAT EXCEED \$100
 (Transfer Total Value of All In-Kind Written Commitments to Line 6 of Contributions Summary)

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO MADE THE IN-KIND WRITTEN COMMITMENT	DATE OF IN-KIND WRITTEN COMMITMENT	VALUE OF IN-KIND WRITTEN COMMITMENT

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Name (print)

Office (if applicable)

District (if applicable)

EXPENSE CATEGORIES (NRS 294A.365)

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
Expenses related to a legal defense fund	I
Goods and services provided In-Kind for which money would otherwise have been paid ¹	J
Contributions made to: (i) another candidate; (ii) a nonprofit corporation that is registered or required to be registered pursuant to NRS 294A.225; (iii) a PAC that is registered or required to be registered pursuant to NRS 294A.230; or (iv) a Recall Committee that is registered or required to be registered pursuant to NRS 294A.250	K
Fees for filing declarations of candidacy or acceptances of candidacy	L
Repayments or forgiveness of loans	M
Disposal of unspent contributions pursuant to NRS 294A.160	N
Other miscellaneous expenses	O

¹ NRS 294A.362 requires "In-Kind" contributions and expenses to be reported on a separate form, which is attached hereto.

Name (print)

Office (if applicable)

District (if applicable)

MONETARY EXPENSES IN EXCESS OF \$100

(Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary)

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE	CATEGORY (NRS 294A.365)	DATE OF EXPENSE	AMOUNT OF EXPENSE

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IN-KIND EXPENSES

Report Period

#

Name (print)

Office (if applicable)

District (if applicable)

IN-KIND EXPENSES IN EXCESS OF \$100

(Transfer Total Value of All In-Kind Expenses to Line 10 of Expenses Summary)

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN-KIND GOOD OR SERVICE	DESCRIPTION OF IN-KIND EXPENSE	DATE OF IN-KIND EXPENSE	VALUE OR COST OF IN-KIND EXPENSE

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