



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

Political Action Committee (PAC) and Independent Expenditure
Contribution & Expenses Form
NRS 294A

CONTRIBUTIONS AND EXPENSES REPORT	STATE OF NEVADA
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Name (print)	Office (if applicable)	District (if applicable)
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Mailing Address (include city and zip code)	Telephone No.
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E-Mail Address

Select Appropriate Box(es)	<input type="checkbox"/> PAC	<input type="checkbox"/> PAC (Advocating Passage or Defeat of a Question on the Ballot)	<input type="checkbox"/> POLITICAL PARTY
	<input type="checkbox"/> INDEPENDENT EXPENDITURE	<input type="checkbox"/> NONPROFIT CORPORATION	<input type="checkbox"/> AMENDED

- ☐ 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. 1, 2026
- ☐ Annual Filing — Due January 15, 2027
Period: Jan. 1, 2026 — Dec. 31, 2026

FOR OFFICE USE ONLY

* Report #4 suffices for the 2024 Annual 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 \$1000		
2. Total Monetary Contributions in the Form of Loans Guaranteed by a 3 rd -Party in Excess of \$1000		
3. Total Monetary Contributions in the Form of Loans that were Forgiven in Excess of \$1000		
4. Total Value of In-Kind Contributions in Excess of \$1000		
5. Total Amount of All Contributions (Add Lines 1 through 4)		
EXPENSES SUMMARY		
6. Total Monetary Expenses Paid in Excess of \$1000		
7. Total Value of In-Kind Expenses in Excess of \$1000		
8. Total Amount of All Expenses (Add Lines 6 and 7)		

AFFIRMATION

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

Name (print)

Office (if applicable)

District (if applicable)

MONETARY CONTRIBUTIONS IN EXCESS OF \$1000 OR,
WHEN ADDED TOGETHER FROM ONE CONTRIBUTOR THAT EXCEED \$1000
(Transfer Total Amount of All Monetary Contributions to Lines 1, 2, and 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

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District (if applicable)

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EXPENSE CATEGORIES	Report Period	#
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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) a 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.
EL-C07-25
NRS 294A.140 / 294A.150
294A.210 / 294A.220 / 294A.373
Revised 1/29/2025

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District (if applicable)

(Transfer Total Amount of All Campaign Expenses to Line 6 of Expenses Summary)

[illegible]

EL-C07-25
NRS 294A.140 / 294A.150
294A.210 / 294A.220 / 294A.373
Revised 1/29/2025

Name (print)

Office (if applicable)

District (if applicable)

IN-KIND EXPENSES IN EXCESS OF \$1000

(Transfer Total Value of All In-Kind Expenses to Line 7 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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