



Legal Defense Fund (LDF) Statement of Formation NRS 294A.120, NRS 294A.200, and NRS 294A.286

Name of Candidate	or Officeholder	:				
Office Held or Sough	nt:					
Name of Administra	tor:					
Defense Fund Addre	ss:	1				
Street Name, Number		City		State	Zip Code	
Telephone:	Email:		Date I DF F	Date LDF Established:		
Тетериене.						
Description of Claim	or Logal Proce	ooding:				
Pursuant to NRS 294 Defense Fund must	be reported in ¹					
by NRS 294A.120 an	d 294A.200.					
l declare under pena foregoing is true and		ınder the laws of th	e State of Nev	ada t	hat the	
Signature of Control	ling Officehold	er or Candidate	Date of	Date of Execution:		
 Signature of Administrator			Date of	 Date of Execution:		

EL-C02-25 NRS 294A.286 / NRS 294A.120 / NRS 294A.200 Revised: 1/28/25