

Name (print) SHIRLEY ANN COOK Office (if applicable) GOVERNOR District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

Table with 4 columns: CONTRIBUTOR'S NAME AND ADDRESS, DATE OF EACH CONTRIBUTION, AMOUNT OF EACH CONTRIBUTION, CHECK HERE IF LOAN. The first row contains handwritten zeros in the first three columns.

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

Name (print) SHIRLEY ANN COOK Office (if applicable) GOVERNOR District (if applicable) _____

Expense Categories

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
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

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

SHIRLEY ANN COOK GOVERNOR

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
0	0	0	0

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Name (print) SHIRLEY ANN COOK Office (if applicable) GOVERNOR District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
0	0	0

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Prescribed by Secretary of State
 NRS 294A.120, 294A.140, 294A.150
 294A.200, 294A.210, 294A.220, 294A.362