IN KIND CAMPAIGN EXPENSES Report Period #

Name (print) Office (if applicable) District (if applicable)

Assemblywoman
Marcia de Braga
11050 Fitz Lane
Fallon NV 89406

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

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IN KIND CAMPAIGN CONTRIBUTIONS

Report Period: #

Name (print) | Office (if applicable) | District (if applicable)

Assembly woman
Marcia de Braga
11050 Fitz Lane
Reno, NV 89506

IN KIND

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

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
Ø				

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IN KIND CAMPAIGN EXPENSES | Report Period | #

Name (print) | Office (if applicable) | District (if applicable)

Assemblywoman
Marcia de Braga
11080 Fitz Lane
Fallon, NV

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
Ø		

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Prescribed by Secretary of State
NRS 294A.120, 294A.140, 294A.160
294A.200, 294A.210, 294A.220, 294A.362