CONTRIBUTIONS AND EXPENSES REPORT withdrew **State of Nevada**

Name (print): SALLY ZAMORA
Office (if applicable): Assemblyman
District (if applicable): 26
Mailing Address (include city and zip code): 141 Ashley WAY Reno NV 89511
Telephone No.: 775-851-5078
E-Mail Address:

Select Appropriate Box(es) ☑ CANDIDATE ☐ LEGAL DEFENSE FUND ☐ AMENDED

☐ **Report #1 — Due May 20, 2014**
Period: Jan. 1, 2014 — May 16, 2014

☐ **Report #2 — Due June 6, 2014**
Period: May 17, 2014 — June 5, 2014

☐ **Report #3 — Due Oct. 14, 2014**
Period: June 6, 2014 — Oct. 10, 2014

☒ **Report #4 — Due Oct. 31, 2014**
Period: Oct. 11, 2014 — Oct. 30, 2014

☐ **Report #5 — Due January 15, 2015***
Period: Oct. 31, 2014 — Dec. 31, 2014

☐ **Annual Filing — Due January 15, 2015**
Period: Jan. 1, 2014 – Dec. 31, 2014

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*** Report #5 suffices for the 2015 Annual Filing only if Report #'s 1, 2, 3, and 4 are previously filed**

	This Period	Cumulative Total From Beginning of Report Period #1 through End of This Reporting Period
CONTRIBUTIONS SUMMARY		
1. Total Monetary Contributions in Excess of $100 *(See page 1 of instructions)*	0	0
2. Total Monetary Contributions in the Form of Loans Guaranteed by a 3rd-Party in Excess of $100 *(See page 1 of instructions)*	0	0
3. Total Monetary Contributions in the Form of Loans that were Forgiven in Excess of $100 *(See page 2 of instructions)*	0	0
4. Total Amount of Written Commitments for Contributions in Excess of $100 *(See page 2 of instructions)*	0	0
5. Total Value of In Kind Contributions in Excess of $100 *(See page 2 of instructions)*	0	0
6. Total Value of Written Commitments for In Kind Contributions in Excess of $100 *(See page 2 of instructions)*	0	0
7. Total Amount of all Contributions of $100 or Less *(See page 2 of instructions)*	0	0
8. Total Amount of All Contributions (*Add Lines 1 through 7*) *(See page 2 of instructions)*	0	0
EXPENSES SUMMARY		
9. Total Monetary Expenses Paid in Excess of $100 *(See page 2 of instructions)*	0	0
10. Total Value of In Kind Expenses in Excess of $100 *(See page 2 of instructions)*	0	0
11. Total Amount of all Expenses of $100 or Less *(See page 2 of instructions)*	0	136.00
12. Total Amount of All Expenses (*Add Lines 9 through 11*) *(See page 2 for instructions)*	0	136.00

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.

Signature: Sally Zamora
Date: 5-14-14

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 3RD PARTY IF LOAN GUARANTEED BY 3RD 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

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

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

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

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATON WHO MADE IN KIND CONTRIBUTION	DATE OF IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF IN KIND CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3RD PARTY IF LOAN GUARANTEED BY 3RD PARTY	NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR

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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 COMMIITMENT	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
Good 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.**

MONETARY EXPENSES **Report Period** **#**

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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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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EL201
Revised: 8-13-13
NRS 294A.120; 294A.125;
294A.160; 294A.200;
294A.362; 294A.373