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# Legal Defense Fund Notice of Dissolution

ABOVE SPACE IS FOR OFFICE USE ONLY

Name of Candidate or Officeholder:  Telephone:

Defense Fund Address:  
     
 Street Name, Number City State Zip Code

Name of Administrator:  Date Legal Defense Fund Established:

I, , as the controlling Candidate/Officeholder or Administrator of the above-referenced Legal Defense Fund, hereby submit this Notice of Dissolution. I acknowledge that, as of the date noted below, the above-referenced Legal Defense Fund shall be dissolved and that all unspent money has been properly disposed of pursuant to NRS 294A.286(4).

Submitted by:

**X**  
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 Signature of Controlling Candidate/Officeholder or Administrator

Date: