BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

Notice of Completion of Campaign

CANDIDATE INFORMATION:

Name of Candidate

Title of Office

Mailing Address

Street Name, Number | City | State | Zip Code

STATEMENT: (One of the following *must* be checked)

☐ I have withdrawn my candidacy pursuant to NRS 293.202 or 293C.195.*

* If above box is checked, candidate must enclose a copy of the withdrawal of candidacy with this notice.

☐ I have ended my campaign without withdrawing my candidacy pursuant to NRS 293.202 or NRS 293C.195.

☐ I was defeated at the primary election for the office noted above.

☐ I was removed from the ballot by court order.

MANDATORY STATEMENTS: (The following *must* be checked)

☐ I hereby affirm that I have properly disposed of all unspent or excess contributions pursuant to NRS 294A.160.

☐ I hereby give notice to the Secretary of State's Office that I am ending my campaign and will not accept any additional contributions.

AFFIRMATION: (One of the following *must* be checked)

☐ **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 a declaration under penalty of perjury.

X

Signature

Date

EL113
NRS 294A.350
Revised: 1-5-15

Reset