

CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

End Trafficking and Prostitution (ETAP)

Name 500 Damonte Ranch Parkway, Suite 980, Reno, NV, 89521	Office (if applicable)	District (if applicable) 775.853.8746
Mailing Address iguinasso@hutchlegal.com	Telephone No.	
E-Mail Address		

Select Appropriate Box(es) PAC PAC (Advocating Passage or Defeat of a Question on the Ballot) POLITICAL PARTY
 INDEPENDENT EXPENDITURE NONPROFIT CORP AMENDED

- [Report #1 - Due May 22, 2018](#)
Period: Jan 01, 2018 - May 18, 2018
- [Report #2 - Due June 08, 2018](#)
Period: May 19, 2018 - Jun 07, 2018
- [Report #3 - Due October 16, 2018](#)
Period: Jun 08, 2018 - Oct 12, 2018
- [Report #4 - Due November 02, 2018](#)
Period: Oct 13, 2018 - Nov 01, 2018
- [Report #5 - Due January 15, 2019](#)
Period: Nov 02, 2018 - Dec 31, 2018
- [Annual Filing - Due January 15, 2019](#)
Period: Jan 01, 2018 - Dec 31, 2018

FILED
Nov 5 2018

BARBARA K. CEGAVSKE
SECRETARY OF STATE

FOR OFFICE USE ONLY

* Report #5 suffices for the 2019 Annual Filing only if Report #'s 1, 2, 3, and 4 are previously filed

CONTRIBUTIONS SUMMARY	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions in Excess of \$1000 (See page 2 of instruction sheet)	\$ 0.00	\$ 0.00
2. Total Monetary Contributions in the Form of Loans Guaranteed by a 3rd party in Excess of \$1000 (See page 2 of instruction sheet)	\$ 0.00	\$0.00
3. Total Monetary Contributions in the Form of Loans that were Forgiven in Excess of \$1000 (See page 2 of instruction sheet)	\$ 0.00	\$0.00
4. Total Value of In Kind Contributions in Excess of \$1000 (See page 2 of instruction sheet)	\$ 0.00	\$0.00
5. Total Amount of All Contributions (Add Lines 1 through 4) (See page 2 of instruction sheet)	\$ 0.00	\$0.00

EXPENSES SUMMARY	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
6. Total Monetary Expenses Paid in Excess of \$1000 (See page 3 of instruction sheet)	\$ 6,000.85	\$6,000.85
7. Total Value of In Kind Expenses in Excess of \$1000 (See page 3 of instruction sheet)	\$ 0.00	\$0.00
8. Total Amount of All Expenses (Add Lines 6 and 7) (See page 3 of instruction sheet)	\$ 6,000.85	\$ 6,000.85

AFFIRMATION

- I Declare Under Penalty of Perjury That the Foregoing is True and Correct.
 AND
 I have agreed to the following terms and conditions:

I declare, under penalty of perjury or under an oath to God, that the information I submitted herein to the Secretary of State for the State of Nevada is true and correct, and is not submitted for any improper purpose, and that I am authorized to submit the information, and to the best of my knowledge complies with NRS Chapter 294A. I have reviewed the NRS 225.083 Notice. I understand it is unlawful to submit any illegal, unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by state and federal law, to the Secretary of State, and agree to indemnify the Secretary of State, and any other parties entitled thereto, for any damages incurred for any unlawful, unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by the federal and state law, submitted to the Secretary of State by my use of this electronic filing system. I further understand that I may be subject to criminal (NRS 239.330) and/or civil (NRS 225.084) penalties for submitting any unlawful unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by federal and state law. I understand and agree that all information submitted is the property of the Secretary of State, and may be monitored for all lawful purposes. I further understand that during such monitoring, all information, including personal information placed on this system, may be examined, copied, and used for any authorized purpose. By submitting this report I intend to identify myself as the authorized person signing this document and with the present intent to authenticate my signature as such.

Bernadette Francis
Signature

11/05/2018
Date

EXPENSE CATEGORIESReport Period **# 4****End Trafficking and Prostitution (ETAP)**

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 legal defense fund	I
Goods and services provided in kind for which money would otherwise have been paid	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 # 4

End Trafficking and Prostitution (ETAP)

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

MONETARY EXPENSES IN EXCESS OF \$1000

(Transfer Total Amount of All Campaign Expenses to Line 6 of Expenses Summary)

<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE</u>	<u>CATEGORY (NRS 294A.365)</u>	<u>DATE OF EXPENSE</u> ↑	<u>AMOUNT OF EXPENSE</u>
Tri Stategies 500 Damonte Ranch PKWY Suite 980 Reno, NV 89521	D	10/16/2018	\$1,665.94
	D	10/30/2018	\$2,517.25
CPC Neutek 2800 Printers Way Grand Junction, CO 81506	D	10/30/2018	\$1,817.66

IN KIND EXPENSES

Report Period # 4

End Trafficking and Prostitution (ETAP)

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

IN KIND EXPENSES IN EXCESS OF \$1000

(Transfer Total Value of All In-Kind Expenses to Line 7 of Expenses Summary)

<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD OR SERVICE</u>	<u>DESCRIPTION OF IN KIND EXPENSE</u>	<u>DATE OF IN KIND EXPENSE</u> ↑	<u>VALUE OR COST OF IN KIND EXPENSE</u>

EL 202
Revised: 8-13-13
NRS 294A.140; 294A.150;
294A.210; 294A.220; 294A.373