



Name of Candidate or Officeholder:

Telephone:

Defense Fund Address:

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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
Signature of Controlling Candidate/Officeholder or Administrator

Date: _____

ABOVE SPACE IS FOR OFFICE USE ONLY