

CONTRIBUTIONS AND EXPENSES REPORT **State of Nevada**

Peter Grant Chapin	Lyon County School District Trustee, District II	
Name 1885 Erica Ln, Fernley, NV, 89408	Office (if applicable)	District (if applicable) 7758469054
Mailing Address retiredpedro@icloud.com		Telephone No.
E-Mail Address		

Select Appropriate Box(es) CANDIDATE LEGAL DEFENSE FUND [What is this?](#) AMENDED

- Report #1 - Due April 15, 2026**
Period: Jan 01, 2026 - Mar 31, 2026
- Report #2 - Due July 15, 2026**
Period: Apr 01, 2026 - Jun 30, 2026
- Report #3 - Due October 15, 2026**
Period: Jul 01, 2026 - Sep 30, 2026
- Report #4 - Due January 15, 2027**
Period: Oct 01, 2026 - Dec 31, 2026
- Annual Filing - Due January 15, 2027**
Period: Jan 01, 2026 - Dec 31, 2026

FILED
Apr 11 2026

FRANCISCO V. AGUILAR
SECRETARY OF STATE

FOR OFFICE USE ONLY

* Report #4 suffices for the 2027 Annual Filing only if Report #'s 1, 2, 3, are previously filed this period

CONTRIBUTIONS SUMMARY	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	\$ 0.00	\$ 0.00
2. Total Monetary Contributions in the Form of Loans Guaranteed by a 3rd-Party in Excess of \$100	\$ 0.00	\$0.00
3. Total Monetary Contributions in the Form of Loans that were Forgiven in Excess of \$100	\$ 0.00	\$0.00
4. Total Amount of Written Commitments for Contributions in Excess of \$100	\$ 0.00	\$0.00
5. Total Value of In Kind Contributions in Excess of \$100	\$ 0.00	\$0.00
6. Total Value of Written Commitments for In Kind Contributions in Excess of \$100	\$ 0.00	\$0.00
7. Total Amount of all Contributions of \$100 or less	\$ 100.00	\$100.00
8. Total Amount of All Contributions (Add Lines 1 through 7)	\$ 100.00	\$100.00
EXPENSES SUMMARY		
9. Total Monetary Expenses Paid in Excess of \$100	\$ 0.00	\$0.00
10. Total Value In Kind Expenses in Excess of \$100	\$ 0.00	\$0.00
11. Total Amount of all Expenses of \$100 or less	\$ 0.00	\$0.00
12. Total Amount of All Expenses (Add Lines 9 through 11)	\$ 0.00	\$0.00
ENDING FUND BALANCE		
13. Fund balance at the end of the reporting period		\$100.00

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.

Peter Chaplin	04/11/2026
Signature	Date

MONETARY CONTRIBUTIONS

Report Period

1

Peter Grant Chapin
Name (print)

Lyon County School District Trustee, District II
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
Eleanor Johnson 155 Hazelnut Dr. Fernley, NV 89408	03/22/2026	\$100.00			

WRITTEN COMMITMENTS

Report Period

1

Peter Grant Chapin
Name (print)

Lyon County School District Trustee, District II
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

IN KIND CONTRIBUTIONS

Report Period

1

Peter Grant Chapin
Name (print)

Lyon County School District Trustee, District II
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)

<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO MADE IN KIND CONTRIBUTION</u>	<u>DATE OF IN KIND CONTRIBUTION</u> ↑	<u>DESCRIPTION OF IN KIND CONTRIBUTION</u>	<u>VALUE OR COST OF IN KIND CONTRIBUTION</u>	<u>CHECK HERE IF LOAN</u>	<u>NAME AND ADDRESS OF 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY</u>	<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR</u>

WRITTEN COMMITMENTS FOR IN KIND CONTRIBUTIONS

Report Period

1


Peter Grant Chapin
Name (print)

Lyon County School District Trustee, District II
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 COMMITMENT	DATE OF IN KIND WRITTEN COMMITMENT 	VALUE OF IN KIND WRITTEN COMMITMENT

EXPENSE CATEGORIES

Report Period

1

Peter Grant Chapin

Lyon County School District Trustee, District II

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

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