



Please Join Hosts

*Jim and Anne DeMartini
Mendy Elliott
Bob and Sandy Ellis
Elaine Grimes
Gene Humphrey
Gary and Sharon Jacobson
Jerry O'Driscoll and Maralene Martin*

For a Fundraising Reception Supporting

Adriana Guzmán Fralick

Candidate for Nevada Attorney General

**May 13, 2026
5:30 p.m. – 7:00 p.m.**

**2400 Kinney Lane
Reno, NV 89511**

Suggested Contribution

**\$2,500 – Co-Host
\$250 – Couple
\$150 – Individual**

****Corporate, PAC and personal contributions are accepted***

Please RSVP to Tim Perez at tperez@octoberinc.org or 702-242-1414

Contributions to Adriana for Nevada are not deductible for federal income tax purposes. Contributions from foreign nationals are prohibited. By donating I affirm that the following statements are true and accurate: 1. I am a United States citizen or a permanent resident alien. 2. This contribution is made from my own funds and not with funds provided to me by another person. 3. I am an authorized representative of the entity making this contribution. 4. The funds I am donating are not being provided to me by another person or entity for the purpose of making this contribution. Not Printed at Government Expense

**www.AdrianaforNevada.com
P.O. Box 370801 · Las Vegas, NV 89137**

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May 13th Reply

_____ Yes, I would like to attend the May 13th Reception for Adriana Guzmán Fralick.
Enclosed is my contribution of \$_____.

Name(s) _____

_____ I am unable to attend the May 13th Reception for Adriana Guzmán Fralick, but would like to support Adriana for Nevada.
Enclosed is my contribution of \$_____.

RSVP and Contribution Options

Mail RSVP and Check or Credit Card Form:

Adriana for Nevada - P.O. Box 370801, Las Vegas, NV 89137

Email or fax RSVP and Credit Card Form:

tperez@octoberninc.org or Fax: 702-846-464

Contribute and RSVP online:

<https://secure.winred.com/adriana-for-nevada/051326h>

To make your Adriana for Nevada contribution payment by credit card, please complete the following information and return to the address above or fax to 702-846-4644, or scan the code below!

Visa MasterCard American Express Discover

Name as it appears on card: _____

Name of entity if business/organization card : _____

Card Number: _____ Exp. _____ Amount: \$ _____

Security Code: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Office Phone: _____

E-mail Address: _____



**Point phone camera at code
and follow link for online
donation!**

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