

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

GREG KIDD FOR NEVADA

ADDRESS (number and street)

PO BOX 1186

Check if different
than previously
reported. (ACC)

CRYSTAL BAY

NV

89402

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00873620

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NV

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y /

2025

through

M M /

06

D D /

30

Y Y Y Y /

2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Castelli, Emily, , ,

Signature of Treasurer

Castelli, Emily, , ,

Date

M M /

07

D D /

14

Y Y Y Y /

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

GREG KIDD FOR NEVADA

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9199.36	216263.36
(b) Total Offsets to Operating Expenditures (from Line 14)	1408.26	3914.38
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7791.10	212348.98
8. Cash on Hand at Close of Reporting Period (from Line 27)	7197.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	8700000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

GREG KIDD FOR NEVADA

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)15. OTHER RECEIPTS
(Dividends, Interest, etc.)16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

1408.26

0.00

1408.26

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

3914.38

0.00

3914.38

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9199.36	216263.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	500000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	500000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1500.00	1500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10699.36	717763.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16489.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1408.26
25. SUBTOTAL (add Line 23 and Line 24).....	17897.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10699.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7197.91

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 29

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☐ 13a	☐ 13b	☒ 14	☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

BGB Productions, LLC

A.

Mailing Address 1321 Josephine St

City
BerkeleyState
CAZip Code
94703FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1408.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 27 2025

Transaction ID : SA14.5081

Amount of Each Receipt this Period

1408.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1408.26

1408.26

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 29

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. amazon.com

Mailing Address PO Box 81226

City
SeattleState
WAZip Code
98108Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.41

Transaction ID : SB17.5079

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. amazon.com

Mailing Address PO Box 81226

City
SeattleState
WAZip Code
98108Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.81

Transaction ID : SB17.5080

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BGB Productions, LLC

Mailing Address 1321 Josephine St

City
BerkeleyState
CAZip Code
94703Purpose of Disbursement
Event Production

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2729.34

Transaction ID : SB17.5077

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2780.56

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 29

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. BGB Productions, LLC

Mailing Address 1321 Josephine St

City
BerkeleyState
CAZip Code
94703Purpose of Disbursement
Event Production

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1408.26

Transaction ID : SB17.5078

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BGB Productions, LLC

Mailing Address 1321 Josephine St

City
BerkeleyState
CAZip Code
94703Purpose of Disbursement
Event Production

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1408.26

Transaction ID : SB17.5088

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bill.com

Mailing Address 6220 America Center Dr., Suite 100

City
San JoseState
CAZip Code
95002Purpose of Disbursement
Payment Processing Service

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

167.67

Transaction ID : SB17.5069

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2984.19

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 29

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. Bill.com

Mailing Address 6220 America Center Dr., Suite 100

City
San JoseState
CAZip Code
95002Purpose of Disbursement
Payment Processing Service

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

165.00

Transaction ID : SB17.5075

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bill.com

Mailing Address 6220 America Center Dr., Suite 100

City
San JoseState
CAZip Code
95002Purpose of Disbursement
Payment Processing Service

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

212.35

Transaction ID : SB17.5092

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Extra Space Storage

Mailing Address 496 S Meadows Pkwy

City
RenoState
NVZip Code
89521Purpose of Disbursement
Storage

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

91.00

Transaction ID : SB17.5071

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

468.35

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 29

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. Extra Space Storage

Mailing Address 496 S Meadows Pkwy

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

City
RenoState
NVZip Code
89521

FEC Identification Number

C

Purpose of Disbursement
Storage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

91.00

Transaction ID : SB17.5083

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

70.11

Transaction ID : SB17.5064

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

456.84

Transaction ID : SB17.5065

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

617.95

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 29

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

CPurpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

70.16

Transaction ID : SB17.5072

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

CPurpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

531.70

Transaction ID : SB17.5073

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

CPurpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

70.16

Transaction ID : SB17.5085

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

672.02

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 29

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

CPurpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

531.70

Transaction ID : SB17.5086

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 250 E. Eagles Gate Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City
BoiseState
IDZip Code
83616

FEC Identification Number

CPurpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

191.00

Transaction ID : SB17.5070

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 250 E. Eagles Gate Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2025

City
BoiseState
IDZip Code
83616

FEC Identification Number

CPurpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

191.00

Transaction ID : SB17.5082

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

913.70

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 29

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. Lauderdale, Jean, , ,

Mailing Address 5 Napa Avenue

City
FairfaxState
CAZip Code
94930Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

375.00

Transaction ID : SB17.5087

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PCMailing Address 1620 Eye Street NW
Suite 900City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Legal Services

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

265.00

Transaction ID : SB17.5084

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vast Bank

Mailing Address 110 N. Elgin Ave

City
TulsaState
OKZip Code
74120Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

41.11

Transaction ID : SB17.5068

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

681.11

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 29

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. Vast Bank

Mailing Address 110 N. Elgin Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2025

City
TulsaState
OKZip Code
74120

FEC Identification Number

CPurpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

40.38

Transaction ID : SB17.5074

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Vast Bank

Mailing Address 110 N. Elgin Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

City
TulsaState
OKZip Code
74120

FEC Identification Number

CPurpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

41.10

Transaction ID : SB17.5089

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

81.48

TOTAL This Period (last page this line number only).....▶

9199.36

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 29

☐ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☒ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GREG KIDD FOR NEVADA

Full Name (Last, First, Middle Initial)

A. Girl Scouts of the Sierra Nevada

Mailing Address 605 Washington St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2025

City
RenoState
NVZip Code
89503

FEC Identification Number

C

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB21.5066

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

1500.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4176

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 01 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 29

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4241

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 20 / 2024M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4319

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 08 / 2024

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 29

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4332

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

350000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 10 / 2024

M M / D D / Y Y Y Y

None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

350000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4391

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 29 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

200000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 29

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4394

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 30 / 2024

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

300000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4417

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

KIDD, GREG, , ,

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 12 / 2024

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 29

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4468

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 30 / 2024

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4491

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 05 / 2024

M M / D D / Y Y Y Y

None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

400000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4503

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

600000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 / 06 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

600000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4564

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 18 / 2024

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4624

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

KIDD, GREG, , ,

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 01 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4635

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

1200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1200000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 03 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1200000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4683

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 10 2024

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4746

GREG KIDD FOR NEVADA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

KIDD, GREG, , ,

Mailing Address

PO BOX 1186

City

CRYSTAL BAY

State

NV

ZIP Code

89402

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 24 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

8700000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.