



The adhesion strip does not exist on the ballot envelope, it states that if we use another form of adhesion it may damage my signature and void my vote. Additionally, every voter has been unlawfully violated. According to the NRSs, our vote and information are to stay secret. The envelopes that our ballots are mailed off in, show our political party, precinct, full name, voter ID, bar code, and much other identifiable information that should all be secret. Anyone can see my personal information, voting preference, and party affiliation at a glance. Our rights and our votes have been compromised and this election can not be certified due to this one grossly overlooked illegality.

This election can not be legally certified when its foundation is based on violating our rights and the NRSs its compromised.

This is a blatant violation of NRSs:

NRS 49.315 Political vote.

**Every person has a privilege to refuse to disclose the tenor of his or her vote at a political election conducted by secret ballot unless the vote was cast illegally.**

(Added to NRS by 1971, 787)

NRS 293.269935

Certification and reporting of mail ballot results; secrecy of mail ballots; unlawful to disseminate information about mail ballot results before polls close and all votes cast on election day; penalty. [Effective January 1, 2022.]

1. The voting results of the mail ballot vote in each precinct must be certified and submitted to the county clerk, who shall have the results added to the votes of the precinct that were not cast by mail ballot. The returns of the mail ballot vote must be reported separately from the other votes that were not cast by mail ballot in the precinct unless reporting the returns separately would violate the secrecy of a voter's ballot.
2. The clerk shall develop a procedure to **ensure that each mail ballot is kept secret.**
3. No voting results of mail ballots may be released until all polling places are closed and all votes have been cast on the day of the election. Any person who disseminates to the public in any way information pertaining to the count of mail ballots before all polling places are closed and all votes have been cast on the day of the election is guilty of a misdemeanor.

(Added to NRS by 2021, 1223, effective January 1, 2022)

Also, NRS293.3606, 293.385 and 293.8887

Beadles

Check this box if at the request of the voter:

**Voter Assistance Fill Out Required (See Inside of Flap)**

Marque esta casilla si a pedido del votante:

**Se requiere asistencia para el votante (ver el interior de la solapa)**

- Has a Physical Disability / Tiene una discapacidad física
- 65 Years of Age or older / 65 años de edad o más
- Unable to read or write / Incapaz de leer o escribir
- Has been assisted in marking and/or signing the ballot on behalf of the voter. / Ha sido ayudado a marcar y/o firmar la boleta en nombre del votante



To request a replacement ballot call (775) 328-3670.

Para solicitar una boleta de reemplazo llame (775) 328-3670.

- I am a resident of the precinct of Washoe County for which I am voting.
- I am the person whose name appears on this envelope, and
- I have not applied for and will not apply for a mail-in ballot from any other jurisdiction for this election.

**VOTING TWICE IN THE SAME ELECTION IS A CRIME**

**Did you...**

- Sign inside the signature box?
- Place your ballot in the envelope?
- Provide a copy of ID if your envelope indicates that you are ID REQUIRED?

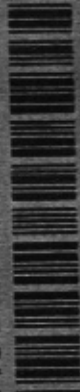
- Soy residente del distrito del condado de Washoe por el que estoy votando.
- Soy la persona cuyo nombre aparece en este sobre, y
- No he solicitado ni solicitaré una boleta electoral por correo de ninguna otra jurisdicción para esta elección.

**VOTAR DOS VECES EN UNA MISMA ELECCIÓN ES UN DELITO**

**Revisó si...**

- ¿Firmó dentro de la caja de firma?
- ¿Colocó su boleta electoral en el sobre?
- ¿Proporcionó una copia de la identificación si su sobre indica que SE REQUIERE IDENTIFICACIÓN?

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ROBERT DALE BEADLES



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**SECTION 3.**

**COMPLAINT IS AGAINST**

Please detail the nature of your complaint. Include the name and contact information (if known) of the individual, candidate, campaign, or group that is the subject of your complaint. Your complaint must also include a clear and concise statement of facts sufficient to establish that the alleged violation occurred. Any relevant documents or other evidence that support your complaint should be listed and attached. You may attach additional sheets if necessary.

See attached

**SECTION 4.**

Sign and date this form. The Secretary of State's Office cannot process any unsigned, incomplete, or illegible complaints. In order to resolve your complaint, we may send a copy of this form to the person or group about whom you are complaining.

I am filing this complaint to notify the Office of the Secretary of State of the activities of a particular candidate, campaign, individual or group. I understand that the information contained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions. I authorize the Office of the Secretary of State to send my complaint and supporting documents to the individual or group identified in this complaint.

By signing my name below, I certify under penalty of perjury that the information provided in this complaint is true and correct to the best of my knowledge.

Signature

Robert Beades

Print Name

6/18/22

Date (mm/dd/yyyy)