STATE OF NEVADA
SECRETARY OF STATE
FRANCISCO V. AGUILAR

101 N. Carson St.
Carson City, NV 89701

Phone: 775-684-5705
Fax: 775-684-5718

nvelect@sos.nv.gov

www.nvsos.gov

For official use only:

Received by: _____

Date Received: _____

Complaint Type:_____

[Stamp here]

ELECTION INTEGRITY VIOLATION REPORT

The information you report on this form may be used to help us investigate violations of Nevada election laws. When completed, mail, email, or fax your form and supporting documents to the office listed above. Upon receipt, your complaint will be reviewed by a member of our staff. The length of this process can vary depending on the circumstances and information you provide with your complaint. The Office of the Secretary of State may contact you if additional information is needed.

INSTRUCTIONS: Please TYPE/PRINT your complaint in dark ink. You must write LEGIBLY. All fields MUST be completed.

SECTION 1.

COMPLAINANT INFORMATION

Salutation: [X] Mr. [ ] Mrs. [ ] Ms. [ ] Miss

Your Name: Johnston (Last) Matthew (First) Woodrow (MI)

Your Organization, if any: _____

Your Address: 5309 Appledale Street (Address) Las Vegas (City) NV (State) 89166 (Zip)

Your Phone Number : _____ (Home) 702-900-4467 (Cell) _____ (Work) _____ (Fax)

Email: Woodrow+SOS@RevereSolutions.com Call me between 8am-5pm at: [ ] Home [X] Cell [ ] Work

SECTION 2.

TYPE OF COMPLAINT

- [ ] **Campaign Practices**
- [ ] **Contributions / Expenses**
- [ ] **Voter Registration**
- [ ] **Other**
- [ ] **Voter Fraud**
- [ ] **Initiative / Referendum Petition**
- [X] **Financial Disclosure Statement**

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.

NRS 281.571(7) requires: A list of each business entity with which the public officer or candidate or a member of the public officer's or candidate's household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1 percent or more of the total outstanding stock or securities issued by the business entity.

Assemblywoman Heidi Kasama has violated NRS 281.571(7) which is listed below. Supporting corporate documentation are also attached to this complaint.

Peter Kasama is the husband of Heidi Kasama. He is a member of Heidi Kasama's household. Therefore, Heidi Kasama is required by law to disclose Peter Kasama's corporate involvement.

1. On 6-26-2025 Peter Kasama was listed as the Manager of BELLEVUE HILL VILLAGE, LLC. This is verified by the attached official annual list of officers and directors for BELLEVUE HILL VILLAGE, LLC.

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On 1-15-26 Heidi Kasama filed her 2026 Annual Financial Disclosure in which she did not disclose her husband's involvement with BELLEVUE HILL VILLAGE, LLC thereby violating NRS 281.571(7).

Curiously, Heidi Kasama is also listed as the signor on the corporate documentation and lists herself as a "manager", despite not being one according to Nevada law.

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.

DocuSigned by:
M. Woodrow Johnston II
8C4BAFCF30B84C7...

Signature

M. Woodrow Johnston II

Print Name

3/1/2026

Date (mm/dd/yyyy)

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☑ **ANNUAL** ☐ **AMENDED** (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

BELLEVUE HILL VILLAGE, LLC	**NV20061676551**
NAME OF ENTITY	Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

- ☐ Corporation
  - ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☑ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership
- ☐ Business Trust
- ☐ Corporation Sole

Filed in the Office of	Business Number
F V Aguilar	**E0328432006-6**
Secretary of State	Filing Number
State Of Nevada	**20254991270**
	Filed On
	06/26/2025 07:53:41 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

- ☐ Unit-owners' Association
- ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

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Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Manager:

Name	Country
MASARU KOJIMA	USA

Address	City	State	Zip/Postal Code
11620 EVERGREEN CREEK LN	LAS VEGAS	NV	89135

CORPORATION, INDICATE THE Manager:

Name	Country
PETER KASAMA	USA

Address	City	State	Zip/Postal Code
11620 EVERGREEN CREEK LN	LAS VEGAS	NV	89135

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X **Heidi Kasama**

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Manager	06/26/2025

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Annual or Amended List and State Business License Application

☑ **ANNUAL** ☐ **AMENDED** (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

BELLEVUE HILL VILLAGE, LLC	**NV20061676551**
NAME OF ENTITY	Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
Secretary of State State Of Nevada	**E0328432006-6**
	Filing Number **20244027121**
	Filed On **04/30/2024 11:04:56 AM**
	Number of Pages **2**

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

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Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Manager:

Name	Country
MASARU KOJIMA	USA

Address	City	State	Zip/Postal Code
11620 EVERGREEN CREEK LN	LAS VEGAS	NV	89135

CORPORATION, INDICATE THE Manager:

Name	Country
PETER KASAMA	USA

Address	City	State	Zip/Postal Code
11620 EVERGREEN CREEK LN	LAS VEGAS	NV	89135

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X **Hideto Peter Kasama**

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Manager	04/30/2024

NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

- Please read instructions carefully before completing. -

FILED
Jan **15** 2026
FRANCISCO V. AGUILAR SECRETARY OF STATE
Date Filed

NAME: (First, Middle, Last)	Heidi Kasama	**ADDRESS:** (Number, Street)	11035 Lavender Hill Dr. Suite 160-456
CITY, STATE, ZIP:	Las Vegas, NV, 89135	**TELEPHONE:**	702-308-7208

EMAIL:	heidi@heidikasama.com	**LENGTH OF RESIDENCE IN NEVADA (Years):**	20	**LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (Years):**	20

SECTION 1 (Information about your public office): List all public offices for which this financial disclosure statement is required [NRS 281.571(8)]. Please indicate **why** you are filing this form by choosing the appropriate box below.

- **ANNUAL FILING:** Filed by elected and appointed officers *(if required)* no later than January 15th each year.
- **CANDIDATE FILING:** Filed by candidates for public office no later than the 10th day after the last day to qualify as a candidate.

TYPE OF FILING (check one)**:** ☑ **Annual** ☐ **Candidate**

TITLE OF PUBLIC OFFICE AND NAME OF GOVERNMENT (Include the title of the office you hold or are seeking, and the name of the entity that employs this position e.g. 'City Manager', 'City of XYZ')	Elected (E), or Candidate running for office (C)	Is this position entitled to annual compensation of $6,000 or more?	Amount of compensation received annually	Date elected or appointed
Assembly District 2	E	Yes	$12,407.40	11/4/2024

SECTION 2 (Sources of Income): List each source of your income (in addition to any source listed in Section 1), or that of any member of your household who is 18 years of age or older. [NRS 281.571(2)]:

SOURCES OF INCOME	Self	HouseHoldMember
Property Management Business	☑	☐
Real Estate Sales	☑	☐
Social Security	☐	☑
Retirement Income	☐	☑
Rental	☑	☑

SECTION 3 (Real Property): List specific location and particular use of all real estate (other than personal residence): **(a)** in which you or a member of your household has a legal or beneficial interest; **(b)** the fair market value of which is $2,500 or more; and **(c)** which is located in this state or an adjacent state [NRS 281.571(3)]:

SPECIFIC LOCATION (Address, City, State)	**PARTICULAR USE** (Rental, Vacation, Land etc.)
3809 Gold Point, Las Vegas, NV. 89129	Rental
8472 Vast Horizon, Las Vegas, NV. 89129	Rental
2708 Baycliff Ct. #4, Las Vegas, NV. 89117	Rental
8428 Montefino Ct Las Vegas, NV 89117	Rental

SECTION 4 (Creditors): List each creditor to whom you or a member of your household owes $5,000 or more **EXCEPT: (a)** debt secured by mortgage or deed of trust on real property which is not required to be listed in Section 3 above; and **(b)** debt for which a security interest in a motor vehicle for personal use was retained by seller [NRS 281.571(4)]:

CREDITOR NAME	Self	HouseHoldMember
ZB, N.A.	☑	☑

SECTION 5 (Meetings, Events, Trips): List all educational or informational meetings, events or trips you or a member of your household have taken during the filing period including **(a)** the purpose and location of the meeting, event or trip and the name of the organization conducting, sponsoring, hosting or requesting the meeting, event or trip; **(b)** the identity of each interested person providing anything of value to you or a member of your household to undertake or attend the meeting, event or trip; and **(c)** the aggregate value of everything provided by those interested persons to you or a member of your household to undertake or attend the meeting, event or trip [NRS 281.571(5)].

SPECIFIC LOCATION (Address, City, State)	NAME OF ORGANIZATION	PURPOSE	NAME OF INTERESTED PARTIES	DESCRIPTION OF ITEM PROVIDED, AND VALUE	Self	HouseHoldMember
Lake Tahoe, NV	Nevada Mining Association	Nevada Mining Association Annual Convent	Heidi Kasama	Educational Trip, $950.00	☑	☐

SECTION 6 (Gifts): List the identity of the donor and value of each gift received in excess of an aggregate value of $200 from a donor during the preceding 30 days **EXCEPT: (a)** a gift received from a person who is related to you within the third degree of consanguinity or affinity; and **(b)** ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action [NRS 281.571(6)]:

NAME OF DONOR	DESCRIPTION OF GIFT	VALUE OF GIFT
None		

SECTION 7 (Business Entities): List each business entity **(i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association)** with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571(7)]:

BUSINESS ENTITY	Self	HouseHoldMember
Heidi Kasama, LLC	☑	☐

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Heidi Kasama	**01/15/2026**
Signature	Date