

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

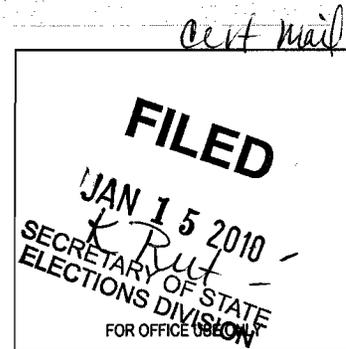
State of Nevada

Name (print) Nevada 2020 Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 5442 Holbrook Dr. Telephone No. 702-222-9901
22753

E-Mail Address _____

Select Appropriate Box(es) CANDIDATE PAC POL PRTY IND EXP NONPROFIT CORP
 LEGAL DEFENSE FUND AMENDED LOCAL BAG

- Annual Filing - Due January 15, 2010**
 Period: January 1, 2009 – December 31, 2009
- Report #1 — Due June 1, 2010***
 Period: Jan. 1, 2010 — May 27, 2010
- Report #2 Due — October 26, 2010***
 Period: May 28, 2010 — Oct. 21, 2010
- Report #3 Due — January 15, 2011****
 Period: Oct. 22, 2010 — Dec. 31, 2010
- Annual Filing — Due January 15, 2011**
 Period: January 1, 2010 – December 31, 2010



* These Reports are filed by incumbents/candidates in the 2010 election cycle
 ** Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

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 (See page 1 of instruction sheet)	0	0
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0	0
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0	0
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	0	0
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	0	0
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	0

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	0	0
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0	0

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature [Handwritten Signature] Date 1/15/10

WRITTEN COMMITMENTS

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

**Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
		

CAMPAIGN EXPENSES

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100
Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY <small>(See Previous Page)</small> NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
			

