CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT **State of Nevada**

Kenneth E Greenwell · 35

Name (print) Office (if applicable) District (if applicable)

135 Jarbidge Ct. Fallon Nevada 89406 (775) 867-3252

Mailing Address (include city and zip code) Telephone No.

24816

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

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SECRETARY OF STATE
ELECTIONS DIVISION
FOR OFFICE USE ONLY

*** 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)**		
2. Total Monetary Contributions in the form of loans guaranteed by a third party. **(See page 2 of instruction sheet)**		
3. Total Monetary Contributions in the form of loans that were forgiven **(See page 2 of instruction sheet)**		
4. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 3) **(See page 2 of instruction sheet)**		
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)**		
6. Total Value of In Kind Contributions Received in Excess of $100 **(See page 2 of instruction sheet)**		

EXPENSES SUMMARY	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
7. Total Monetary Expenses Paid in Excess of $100 **(See page 2 of instruction sheet)**		
8. Total Value of In Kind Expenses in Excess of $100 **(See page 3 of instruction sheet)**		

AFFIRMATION

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

Ken Greenwell 10/6/10

Signature Date

WRITTEN COMMITMENTS Report Period #2

Ken Greenwell Clerk/treasure 35

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

This page may be copied or duplicated if additional space is needed.

CAMPAIGN EXPENSES Report Period: #2

Ken Greenwell clerk/treasure 15

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 (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE

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IN KIND CAMPAIGN CONTRIBUTIONS | **Report Period** #2

Ken Greenwell clerk/treasure 35

Name (print) | Office (if applicable) | District (if applicable)

IN KIND

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100 Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI-BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3RD PARTY IF LOAN GUARANTEED BY 3RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN

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IN KIND CAMPAIGN EXPENSES	Report Period	#2

Ken Greenwell clerk/treasure 35

Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses in Excess of $100
Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362