

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Democratic Legislative Campaign Committee
 Name (print) _____ Office (if applicable) _____ District (if applicable) _____
 1401 K Street NW, Suite 201, Wash., DC 20005 202-449-6740
 Mailing Address (include city and zip code) _____ Telephone No. _____
 E-Mail Address *dalccc@dalccc.org*

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

25487

- 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

UPS - 4/8
FILED
 OCT 26 2010
K. Rut
 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)	0.00	0.00
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0.00	0.00
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0.00	0.00
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	0.00	0.00
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)	0.00	0.00
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0.00	0.00

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	0.00	0.00
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0.00	0.00

AFFIRMATION

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

[Signature]
 Signature

10/26/2010
 Date