

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Nevada 2020

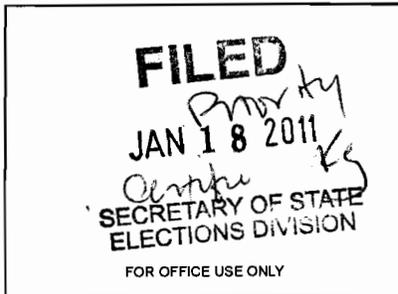
Name (print) 5442 Holbrook Dr. Las Vegas, NV 89103	Office (if applicable)	District (if applicable) 702-686-8806
Mailing Address (include city and zip code) bbuckleyad8@yahoo.com	Telephone No.	
E-Mail Address		

26973

Select Appropriate Box(es)

<input type="checkbox"/> CANDIDATE	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> AG	<input type="checkbox"/> L PRY	<input type="checkbox"/> EXP	<input type="checkbox"/> NPROFIT CORP
<input type="checkbox"/> AMENDED	<input type="checkbox"/> LEGAL DEFENSE FUND	<input type="checkbox"/> 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, 2008 - Dec. 31, 2010
- Annual Filing - Due January 15, 2011  
Period: Jan. 1, 2010 - Dec. 31, 2010



\* These Reports are filed by incumbents/candidates running for office 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 in Excess of \$100 (See page 1 of instruction sheet)	none	none
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	none	none
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	none	none

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	none	none
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)	none	none
6. Total Value of In Kind Contributions Received in Excess of \$100. (See page 2 of instruction sheet)	none	none

**EXPENSES SUMMARY**

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	none	none
8. Total Value of In Kind Expenses in Excess of \$100. (See page 3 of instruction sheet)	none	none

**AFFIRMATION**

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

Signature

*[Handwritten Signature]*

Revised: Sep-05

Date

1-18-11

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Contributions in Excess of \$100 or, When Added Together from One Contributor Exceed  
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Schedule

Contributor's Name and Address	Date of Each Contribution	Amount of Each Contribution	Check Here If Loan	Name and Address of 3rd Party if Loan Guaranteed by 3rd Party
				
		\$0.00		

**WRITTEN COMMITMENTS**

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**Written Commitments in Excess of \$100 or, When Added Together from  
Transfer Total Amount of All Written Commitments to Line 5 of Co**

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT
①	

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

<b>Name &amp; Address of Person, Group or Organization Who Received the Payment for the Expense(s)</b>	<b>Category</b> (See Previous Page) NRS 294A 365	<b>Date of Each Expense</b>
		

**IN KIND CAMPAIGN CONTRIBUTIONS**

**Report Period - #**

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

Contributor's Name and Address	Date of Each In Kind Contribution	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
					
			\$ -		

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**In Kind Written Commitments in Excess of \$100 or, When Added Together from One Er  
Transfer Total Amount of All Written Commitments to Line 5 of Contributions :**

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT
	

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

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
		