

David K. Thompson

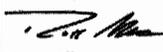
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Select Appropriate Box(es) CANDIDATE PAC POL PRTY IND EXP NONPROFIT CORP
 LEGAL DEFENSE FUND AMENDED LOCAL BAG

24108

- 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

Office of the Secretary of State



Ross Miller
 Elections Division

KRut
05/27/10

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

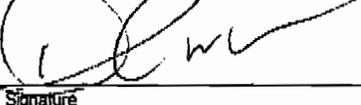
	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100 <small>(See page 1 of instruction sheet)</small>	1900.	1900. ⁰⁰
2. Total Monetary Contributions in the form of loans guaranteed by a third party. <small>(See page 2 of instruction sheet)</small>	0	
3. Total Monetary Contributions in the form of loans that were forgiven <small>(See page 2 of instruction sheet)</small>	0	
This Period: Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
4. Total Amount of Monetary Contributions Received <small>(Add Lines 1 through 3) (See page 2 of instruction sheet)</small>	1900.	1900. ⁰⁰
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) <small>(See page 2 of instruction sheet)</small>	0	0
6. Total Value of In Kind Contributions Received in Excess of \$100 <small>(See page 2 of instruction sheet)</small>	500. ⁰⁰	500. ⁰⁰

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100 <small>(See page 2 of instruction sheet)</small>	4311.76	4311.76
8. Total Value of In Kind Expenses in Excess of \$100 <small>(See page 3 of instruction sheet)</small>	0	0

AFFIRMATION

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



5-25-10

Signature

Date

CAMPAIGN CONTRIBUTIONS

Report Period #

David K. Thompson

Name (print)

Office (if applicable)

District (if applicable)

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

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
RUTH WALKER	2/10	\$ 200			
RON WALLACE	2/10	\$ 500			
GAIL + DONNA ANDRES	3/20	\$ 100			
ROSE Shirley Darling	3/20	\$ 100			
TINA WALTERS	3/20	\$ 100			
TOM + Jane BURNSIDE	3/20	\$ 100			
Dennis Buckley	3/13	\$ 100			
LINDA HOCKETT	3/20	\$ 100			
Berkley Clements	2/10	\$ 100			
Eddy LANE	4/10	\$ 200			
HOCKETT Trucking	4/10	\$ 100			
Don Cipra	5/2	\$ 200			

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CAMPAIGN EXPENSES

Report Period #

David K. Thompson

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 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
Ross	H	1/20	120. ⁵⁹
C.C. Election Dept	J	1/28	100 ⁻
Desert Flyer	D	1/31	200 ⁻
ZAZZLE Buttons	D	2/20	175 ⁻
Grassroots Campaign	J	2/6	125 ⁻
Jack Cochran	D	3/3	360 ⁻
Path & Body	H	3/9	101 ⁴⁵
Office Depot	D	3/11	201 ⁰²
99 store	H	3/16	104 ⁹⁵
Searchlight Nuggett	H	3/17	122 ⁻
Charlie Burton	D	3/20	1,006 ⁻
Charlie Burton	D	3/23	105 ⁻

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CAMPAIGN EXPENSES

Report Period #

David K. Thompson

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 284A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Central Market	H H	4/6	1161 ⁴⁸
C.C. Parks + Rec	H	4/8	100 ⁻
Office Depot	D	4/20	105 ⁹⁴
Costco	H	4/20	141 ⁷⁴
Office Depot	D	4/14	167 ¹⁹
Searchlight Postmaster	D	4/29	290 ⁴⁰
Sams Club	D	5/3	163 ⁻
Sams Club	H	5/3	153 ⁻
Searchlight Postmaster	D D	5/20	308 ⁻

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