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

ACME Enterprises PAC
Name (print) | Office (if applicable) | District (if applicable)

3455 Cliff Shadows Parkway, Suite 220, Las Vegas, NV 89129 | (702) 242-4949
Mailing Address (include city and zip code) | Telephone No.

24430

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

FOR OFFICE USE ONLY

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* 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

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| 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) | $3,000.00 | $3,000.00 |
| 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) | $3,000.00 | $3,000.00 |
| 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) | | |
| 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) | $2,450.00 | $2,450.00 |
| 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.**

Signature | Date 5-29-10

## CAMPAIGN CONTRIBUTIONS

**Report Period** # 1

ACME Enterprises PAC

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 3RD PARTY IF LOAN GUARANTEED BY 3RD PARTY | NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR |
|---|---|---|---|---|---|
| FIG Management LLC<br>3455 Cliff Shadows Parkway<br>Suite 220<br>Las Vegas, NV 89129 | 5/12/2010 | $3,000.00 | | | |
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## WRITTEN COMMITMENTS

**Report Period** # 1

ACME Enterprises PAC

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 |
|---|---|---|
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ACME Enterprises PAC

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

## Expense Categories

| CATEGORIES | CODE |
|---|---|
| Office expenses | A |
| Expenses related to volunteers | B |
| Expenses related to travel | C |
| Expenses related to advertising | D |
| Expenses related to paid staff | E |
| Expenses related to consultants | F |
| Expenses related to polling | G |
| Expenses related to special events | H |
| ** Goods and services provided in kind for which money would otherwise have been paid | I |
| Other miscellaneous expenses | J |

***** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.***

**CAMPAIGN EXPENSES** **Report Period # 1**

ACME Enterprises PAC

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 |
|---|---|---|---|
| Piercy Bowler Taylor and Kern<br>6100 Elton Avenue #1000<br>Las Vegas, NV 89107 | F | 4/14/2010 | $100 |
| Debbie Smith Campaign<br>3270 Wilma Drive<br>Sparks, NV 89431 | J | 5/19/2010 | $1,000 |
| Marshall for Nevada<br>PO Box 40944<br>Reno, NV 89504 | J | 5/20/2010 | $1,000 |
| Piercy Bowler Taylor and Kern<br>6100 Elton Avenue #1000<br>Las Vegas, NV 89107 | F | 5/11/2010 | $350 |
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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**
*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

**Examples of in kind contributions:** *(1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

**Example of in kind expenses:** *(1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*

**IN KIND CAMPAIGN CONTRIBUTIONS**

**Report Period** # 1

ACME Enterprises PAC

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**
**WRITTEN COMMITMENTS**

**Report Period** # 1

ACME Enterprises PAC

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

**In Kind 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 IN KIND COMMITMENT | DATE OF EACH IN KIND COMMITMENT | AMOUNT OF EACH IN KIND COMMITMENT |
|---|---|---|
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**IN KIND CAMPAIGN EXPENSES**

**Report Period** # 1

ACME Enterprises PAC

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