

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Nevadan's for the American Dream Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) PO Box 249 Logandale NV 89021 Telephone No. 702-373-4284

E-Mail Address _____

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

26882

- 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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 Election Dept.
 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

- 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)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
0	0
0	0

- 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)

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
0	0
0	0

EXPENSES SUMMARY

- 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)

0	0	4,500.00
0	0	

AFFIRMATION

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

Signature [Signature] Date 1/11/11

CAMPAIGN EXPENSES

Report Period # Annual
1-15-11

Name (print) Nevadan's for The American Dream

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
Friends of Marilyn Kirkpatrick 4747 Showdown Dr. NV NV 89151	J	1/19/10	500.00
Friends of Diana Alton PO Box 334 LV NV 89125	J	1/20/10	1000.00
Friends of Kim Wallin Carson City NV	J	1/27/10	1000.00
Friends for Flores 2601 Vena Ave NLV NV 89530	J	1/31/10	500.00
Friends for Margaret Flint Washoe County Nevada	J	3/6/10	300.00
BSA LV Council 7220 S. Paradise Rd. LV NV 89119	J	3/29/10	500.00
Western HS baseball 4601 Bonanza Rd. LV NV 89107	J	3/28/10	200.00
Joe Hardy for Senate PO Box 60306 BC, NV 89006	J	9/8/10	500.00

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