רוט	S PECOS STE 4300	Office (if applicable) HEND NV 8901	4 353°	istrict (if applicable)
Mailing A	Address (include city and zip code) . Com	(,	Telephone No.	
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elect A		CALLETT AND A CHARGE THE WAY TO SHELL THE	P NONPROFIT CORP. 2	
	AMENDED	LEGAL DEFENSE FUND		C C
	Annual Filing - Due January 15, 20 Period: January 1, 2008 - December 31, 200			AVN. 60]
]	Report #1 — Due March 31, 2009* Period: Jan. 1, 2009 — March 26, 2009			N =
Z	Report #2 Due — May 26, 2009* Period: Mar. 27, 2009 — May 21, 2009			
	Report #3 Due — July 15, 2009* Period: May 22, 2009 — June 30, 2009		,	H:
	Annual Filing – Due January 15, 20 *Period: July 1, 2009 – December 31 **Period: Jan. 1, 2009 – December 3 These Reports are filed by incumbents	, 2009 1, 2009 //candidates running for offic	ce in the 2009 election cy	FICE USE ONLY ∞
exc	These Reports are filed by incumbent cess of \$100; or (2) have money left or	er from a previous campaig	n ;	
	CONTRIBUTIONS SUMMA			Cumulative From Beginning of Report Period #1
			This Period	
1.	. Total Monetary Contributions Received in Exces (See page 1 of instruction sheet)	s of \$100	1,200-	23,690.
2.	. Total Monetary Contributions Received of \$100 (See page 2 of Instruction sheet)	or Less	3/0	1,170
3.	. Total Monetary Contributions in the form of loa party. (See page 2 of Instruction sheet)	ns guaranteed by a third		-0
4.	. Total Monetary Contributions in the form of loar (See page 2 of instruction sheet)		Q	0
		Cumulati This Period Beginnin Report P Through This Rep	g of eriod #1 End of	
5.	. Total Amount of Monetary Contributions	Period	enter de	21000 -
	Received (Add Lines 1 through 4) (See page 2 of instruction	sheet)	1510.	24,860.
6.	. Total Amount of Written Commitments for Contributions (When commitment is funded, report as			
7	contribution (monetary or in kind)) (See page 2 of Instruction sheet) Total Value of In Kind Contributions Received i	0 -6	<u> </u>	
7.	Excess of \$100 (See page 2 of instruction sh		,po. ~	
in the second		EXPENSES SUMMARY	tanan atau atau atau atau atau atau atau	
8.	. Total Monetary Expenses Paid in Excess of \$1 (See page 2 of instruction sheet)	00	7.104.	24.511.30
9.	. Total Monetary Expenses Paid of \$100 or Less		<u> </u>	24770
10	(See page 2 of instruction sheet) O. Total Amount of All Monetary Expenses Pa	id	- 51.7 - 11.10U	373
11	(Add Lines 8 and 9) (See page 2 of instruct 1. Total Value of In Kind Expenses in Excess	tion sheet)	2,161.2	29,860.
	of \$100 (See page 3 of instruction sheet)	D D	-	
	Disposition of Unspent ContributionsDnly reported on Report #3, Annual Report or	15 th		
	ay of the second month after candidates defeated by the second month after candidates defeated by the second months after candidates defeated by the second months after the second months after the second months after the second months after candidates defeated by the second months after the second months after candidates defeated by the second months after the second month	at or		
	See page 3 of Instruction sheet)			
Stock	aclardingly Popular of Dadies The	AFFIRMATION		
i D	eclare Under Penalty of Perjury That	ine poregying is true and Co	onect.	10
ÍD	1/1/1/1/1014-1/L	HIA V	5/7:0	1194

JUPLE MUNI COVET

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
MARK ZOBNIST 8325 Eddyslone LV, NV 89117	4/1/09	\$ 1000.00		,	
MARK ZOBRUST 8325 Eddystone LV, NV 89/17 7.C. Toftey 90175 Red Skyslo Hew. NY 89074 Aam Rommo 90/15. Rews 5k3960 Hud NV 89074	4/2/09	100.00			
Apra Rosmo 90415. Rews 5k3960 Hud Nog9074	4/2/09	100.9			
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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
Johnny Tackson 6998 Appleton Dr #4	F	4/4/09	\$520.00
LAS VETAS, NV 89156	F	4/10/09	\$334.00
Desert Saint Magazine 8414 M. Farm pd 918 #100-53. LV.NV 89131	5 D	4 (8/09	\$ 500.00
Advanced Recharologies	D	4/27/09	\$750.00
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