

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Name (print) Deobra Solomon Office (if applicable) PV61D District (if applicable)  
 Mailing Address (include city and zip code) 9732 State Route 445 #418, Sparks, NV 89441 Telephone No. 775 475 2245

E-Mail Address \_\_\_\_\_

Select Appropriate Box(es)  CANDIDATE  PAC  POL PRY  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



\* 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 (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)			
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)			

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)			
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 Deobra Solomon Date 12/28/09





Name (print)

Office (if applicable)

District (if applicable)

**Expense Categories**

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

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

