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Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP NONPROFIT CODE AANUAL FILING PETITIONERS WHO INITIATEC/RICULATE PETITION OR EXPEND FUNDS IN EXCESS OF 10X Annual Filing - Due January 15, 2006 Period: January 1, 2005 - December 31, 2005 Report #1 — Due August 8, 2006 Period: January 1, 2005 - December 31, 2006 Report #2 Due — October 31, 2006 Report #2 Due — January 15, 2007* Period: Oct. 27, 2006 — Dec. 31, 2006 Annual Filing - Due January 15, 2007* Period: January 1, 2006 - December 31, 2006 These Reports are filed by Incumbents/candidates running for office in the 2006 election cycle Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2 CONTRIBUTIONS BUMMARY 1. Total Monetary Contributions Received in Excess of \$100 (See page 2 of instruction sheet) 2. Total Manetary Contributions Received of \$100 or Less (See page 2 of instruction sheet) 3. 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) 3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet) 5. Total Amount of Monetary Contributions Received in Excess of \$100 (See page 2 of instruction sheet) Contributors (White Commitments for Contributors (New Commitments for Contributo	1 Adjustic III.	sybb @ yahoo com	dd tw
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(Only reported on Report \$3 , Annual Report or 15th day of the second month after candidates defeat or Incumbent does not run for reelection) (See page 3 of Instruction sheet)		corted on Report #3 , Annual Report or 15th e second month after candidates defeat or int does not run for reelection)	(Only re day of t incumb
(see page 3 or instruction sneet)	ATERMATON	·	
Declare Under Penalty/of Perjury That the Foregoing is True and Correct.			

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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 Papel) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Mernda Appent 580 Malloxy Wy Canson Cay, N 84701	D	9/29/06	#250°
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PAGE 3 OF 3

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Revised: Oct-05