

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Xiomara Rodriguez Office (if applicable) State Assembly, District 31 - AD31 District (if applicable)

Mailing Address (include city and zip code) P.O. Box 20183, Reno, NV 89515

Telephone No. 775-333-9363

E-Mail Address xrodriguez250@gmail.com

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

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 2010 OCT 25 AM 10:53
 WASHINGTON COUNTY
 REGISTRAR OF VOTERS
 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
ϕ	ϕ
ϕ	ϕ
ϕ	ϕ

- 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
ϕ	ϕ
ϕ	ϕ
ϕ	ϕ

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)

ϕ	ϕ
ϕ	ϕ

AFFIRMATION

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

Xiomara Rodriguez
Signature

10/25/2010
Date

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
<i>Ø</i>					

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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 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
Ø			

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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 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
φ						

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State of Nevada

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 E-Mail Address XRodriguez50@gmail.com

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

ϕ	ϕ
ϕ	ϕ

AFFIRMATION

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Signature

Xiomara Rodriguez

Date

10/25/2010

CAMPAIGN CONTRIBUTIONS


Report Period #

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
					

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**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period #

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 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
Ø						

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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 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
φ			

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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
0			

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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