

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT
NATIONAL ASSOCIATION OF TOBACCO OUTLETS, INC.

State of Nevada

Name (print) 15560 BOULDER POINTE ROAD Office (if applicable) _____ District (if applicable) 952-974-0075
 Mailing Address (include city and zip code) _____ Telephone No. _____
INFO@NATOCENTRAL.ORG EDEN PRAIRIE, MN 55347
 E-Mail Address _____

Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP NONPROFIT CORP
 AMENDED ANNUAL FILING PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- Annual Filing - Due January 15, 2006
Period: January 1, 2005 - December 31, 2005
- Report #1 - Due August 8, 2006*
Period: Jan. 1, 2006 - Aug 3, 2006
- Report #2 Due - October 31, 2006*
Period: Aug. 4, 2006 - Oct. 26, 2006
- Report #3 Due - January 15, 2007**
Period: Oct. 27, 2006 - Dec. 31, 2006
- Annual Filing - Due January 15, 2007
Period: January 1, 2006 - December 31, 2006

FILE
 OCT 23 2006
 DEAN HELLER
 SECRETARY OF STATE
 FOR OFFICE USE ONLY

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* 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 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 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)		
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	NONE	NONE
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	NONE	NONE
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)		
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	NONE	NONE

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	248.93	248.93
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)		
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	248.93	248.93
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)		
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15 th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)		

AFFIRMATION

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

Signature Thomas Briant

Date 10/18/2006

Signature

Date

WRITTEN COMMITMENTS

Report Period # **2**

NATIONAL ASSOCIATION OF TOBACCO OUTLETS, INC.

Name (print)

Office (if applicable)

District (if applicable)

**Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
NONE		

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**IN KIND
WRITTEN COMMITMENTS**

Report Period #2

Name (print)

Office (if applicable)

District (if applicable)

**In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
NONE		

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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 11 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
NONE			

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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