

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) MAGGIE CARLTON Office (if applicable) STATE SENATE

2

Mailing Address (include city and zip code) 5540 E CARLTON

District (if applicable)

702-452-3619

Telephone No.

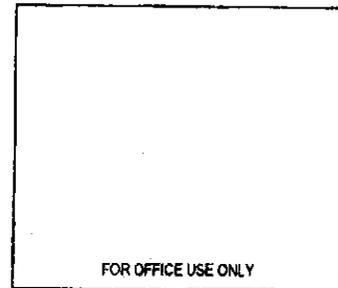
E-Mail Address

Select Appropriate Box(es)

CANDIDATE PAC BAG POL PRY 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



* 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)	21,200	120,850
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	0	100
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0	0
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0	0
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	21,200	120,850
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)	0	0
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	0

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	45,159.35	103,344.44
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	341.89	1,175.28
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	45,501.24	104,519.72
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	8,684.04	18,666.16
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15 th day of the second month after candidate's defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)	75,314.31	

AFFIRMATION

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

Signature Senator Maggie Carlton

Date 1/12/07

RECEIVED
 JAN 16 2007
 CLERK OF COURSE

CAMPAIGN CONTRIBUTIONS

Report Period **#3**

MAGGIE CARLTON STATE Senate
 Name (print) Office (if applicable)

2
 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
PSIZER Inc	9/06	500.			
NEVADA STATE PSYCHOLOGICAL ASSOC	10/13	500.			
WASTE MANAGEMENT	10/13	200.			
Green Valley Comm	9/27	1000.			
PSIZER INC	10/24	500.			
George Flint Assoc ACTIV. FUND	10/9	500			
NEVADA SOFT DRINK ASSOC PAC	10/10	1000.			
Walgreens	10/24	1000.			
Chevron Texaco	10/26	1000.			
Michael Gaughn	10/18	5000			
Newmont	11/02	2,500.			
IGT	10/26	2,500			
Unite Here TIP STATE + LOCAL	1/5	5,000.			

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CAMPAIGN EXPENSES

Report Period #3

MAGGIE CARLTON
Name (print)

STATE Senate
Office (if applicable)

DIST 2
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
Time PRINTING	A	10/27	1,407. ²⁰
PassKey Systems	A	11/2	8,684.04
Families For Change	J	11/3	21,000 ⁻
Southern Nevada Veterans Memorial Cemetery (Gas Fuel)	J	11/3	2,000
ULLAN	J	11/16	300
PassKey Systems	A	11/16	490.19
PassKey Systems	A	11/16	1016.04
Chase CARD Services (Nevada Cancer Institute)	J	12/4	5000.00
Verizon Wireless	A	12/4	144. ¹¹
Kroger Personal Finance (Time PRINTING)	A	12/15	117.77
Ross Communications	F	12/20	5000.00

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