

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

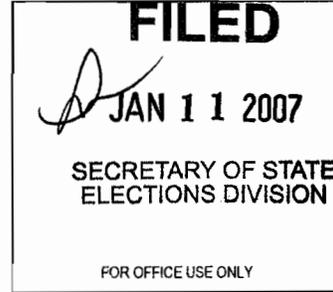
State of Nevada

Name (print) Harvey J Munford - State Assembly - Dist. 6 Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 809 Sunny Place Cell - 702-375-0601 Telephone No. 702-646-4266

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



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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)	7000.00	51,150.-
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	0	0
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)	7,000.-	51,150.-
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)	1,400.-	1,400.-

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	8,200.-	47,400
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	0	0
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	8,200.-	47,400
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	1,400.-	1,400.-
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)	3,750.-	

AFFIRMATION

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

Signature Harvey J Munford

Date 1-8-07

2007 JAN -8 PM 3:33

CAMPAIGN CONTRIBUTIONS

Report Period # **3**

Name (print) Harvey J. Munford - Assembly - Dist 6 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
Jackie Gaughn	11/8/06	2500.00			
Republic Sanitation	11/12/06	1000.00			
Dorothy North	11/28/06	500.00			
Nevada Mining	11/10/06	300.00			
Nevada Credit Union	12/18/06	500.00			
Rempac	12/29/06	500.00			
FGT-Rend	12/12/06	1500.00			

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CAMPAIGN EXPENSES

Report Period # **3**

Name (print) Harvey J. Munford State Assembly - Dist 6
 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 Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Office Expense			850.00
Travel Expense			650.00
Paid Staff Expense			2500.00
Expenses Special Expense			1500.00
Miscellaneous Expense			1500.00
Expenses Related to advertising			1200.00

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**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period #3

Name (print) Harvey J Mumford Office (if applicable) State Assembly District (if applicable) District 6

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 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	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
None						
Anderson Doris Doug COON	11-20-06	15 Tunhops	300.00			
Smith Food King	11-21-06	15 Tunhops	300.00			
Don Atkern	11-21-06	500 Pies	800.00			

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