

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Bob Stupak Lt. Governor  
 Office (if applicable)  
 Mailing Address (include city and zip code) 1301 S. 6th St., Las Vegas NV 89104  
 District (if applicable)  
 Telephone No. 702-384-9919

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

**FILED**  
 JAN 17 2007  
 MSB  
 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)	-0-	1,007,744.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	-0-	347.00
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-
	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	-0-	1,008,091.00
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-	2,000.00

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	9,156.48	1,003,961.90
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	-0-	190.85
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	9,156.48	1,004,125.80
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	-0-	-0-
12. Disposition of Unspent Contributions (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)	-0-	-0-

AFFIRMATION

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

Signature



Date

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CAMPAIGN EXPENSES

Report Period # 3

Bob Stupak  
Name (print)

Lt. Governor  
Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

*\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.*



**CAMPAIGN CONTRIBUTIONS**

Report Period # **3**

Name (print) Bob Stupak Office (if applicable) Lt. Governor 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 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
- 0 -					

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