

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) **STAN VAUGHAN** Office (if applicable) **ASSEMBLY** District (if applicable) **7**

Mailing Address (include city and zip code) **3907 ROSE CANYON DR NORTH LAS VEGAS, NEVADA** Telephone No. **89032-3189 (633-5993)**

E-Mail Address **AMCHES@COX.NET**

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

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)	496 553 40	496553.40
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	5 230 00	5230.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0 00	0.00
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0 00	0.00
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	5 01,783 40	501,783.40
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 00	0.00
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	200 00	200.00

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	27,759 18	27,759.18
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	2,158 88	2,158.88
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	29,918 06	29,918.06
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	100 00	100.00
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 *Stan Vaughan* Date **3 August 2006**

CAMPAIGN EXPENSES

Report Period # 1

Name (print) Stan Vaughan

Office (if applicable) ASSEMBLY

District (if applicable) 7

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.**

Name (print) STAN MURPHY Office (if applicable) Assembly District (if applicable) 7

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
US Postal Service Madras 4904 Camino EL NORTE N.L.V. NV 89031	D	1/4/06	\$104. ⁰⁰ / _{xx}
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/5/06	129 ³⁹ / _{xx}
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/6/06	357 ⁰⁰ / _{xx}
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/7/06	111 ⁵⁰
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/8/06	300 ⁰⁰
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/9/06	102 ⁵⁰
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/10/06	104. ²⁸
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/11/06	460 ⁷⁹ / _{xx}
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/12/06	126 ³⁷
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/13/06	300 ⁰⁰ / _{xx}
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/14/06	322 ⁹⁰ / _{xx}
US Postal Service Madras 4904 Camino EL NORTE NLV NV 89031	D	1/15/06	105 ³⁰ / _{xx}

2524.03

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Stan Vaughan.
Name (print)

ASSEMBLY
Office (if applicable)

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
US Postal Service Mademoiselle 4904 Camino El Norte ALV NV 89031	D	1/16/06	189. ⁷⁶ / _{xx}
US Postal Service Mademoiselle 4904 Camino El Norte ALV NV 89031	D.	1/17/06	340 ⁹¹ / _{xx}
US Postal Service Mademoiselle 4904 Camino El Norte ALV NV 89031	D	1/18/06	330 ⁹¹ / _{xx}
US Postal Service 4904 Camino El Norte ALV NV 89031	D	1/19/06	300 ⁰⁰ / _{xx}
US Postal Service 4904 Camino El Norte ALV NV 89031	D	1/20/06	101 ⁹⁰ / _{xx}
US Postal Service 4904 Camino El Norte ALV NV 89031	D.	1/20/06	182 ²⁸ / _{xx}
US Postal Service 4904 Camino El Norte ALV NV 89031	D.	1/21/06	103 ³² / _{xx}
US Postal Service 4904 Camino El Norte ALV NV 89031	D.	1/22/06	173 ⁴³ / _{xx}
US Postal Service 4904 Camino El Norte ALV NV 89031	D.	1/23/06	102 ⁰⁰
US Postal Service 4904 Camino El Norte ALV NV 89031	D.	1/24/06	114 ⁶³ / _{xx}
US Postal Service 4904 Camino El Norte ALV NV 89031	D	1/25/06	103 ⁶⁶ / _{xx}
US Postal Service 4904 Camino El Norte ALV NV 89031	D.	1/26/06	243 ⁰⁰ / _{xx}

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Office (if applicable) Assembly

District (if applicable) 7

Expenses in Excess of \$100
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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
US Postal Service 4904 Camino El Norte MLV NV 89031	D	1/27/06	101. ⁷⁸ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	1/28/06	123. ⁰⁸ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	1/29/06	131. ⁸⁸ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	1/30/06	200. ⁰⁰ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	1/31/06	300. ⁰⁰ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	2/1/06	108. ⁹⁸ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	2/2/06	137. ⁹⁹ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	2/3/06	300. ⁰⁰ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	2/4/06	357. ⁹⁹ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	2/5/06	201. ⁹⁸ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	2/6/06	385. ⁸⁴ / _{xx}
US Postal Service 4904 Camino El Norte MLV NV 89031	D	2/7/06	159. ⁰⁵ / _{xx}

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Stan Vaughan

ASSEMBLY

Name (print)

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District (if applicable) 7

Expenses in Excess of \$100

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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
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/8/06	153.15
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/9/06	300 ⁰⁰ / _{xx}
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/10/06	260 ²⁸ / _{xx}
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/11/06	261 ⁷⁸ / _{xx}
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/12/06	300 ⁰⁰ / _{xx}
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/13/06	111 ⁴⁰ / _{xx}
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/14/06	454.12 ¹² / _{xx}
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/15/06	107 ⁰² / _{xx}
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/16/06	154 ¹³ / _{xx}
US Postal Service 4094 Camino del Norte New York NY 10033	D	2/17/06	141 ⁵⁵ / _{xx}
US Postal Service 4094 Camino del Norte New York NY 10033	D	2/18/06	228 ⁶⁸ / _{xx}
US Postal Service 4904 Camino del Norte New York NY 10031	D	2/19/06	192 ⁴⁴ / _{xx}

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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
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/20/06	102 ⁷⁶ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/21/06	200 ⁰⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/22/06	300 ⁰⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/23/06	300 ⁰⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/24/06	394 ⁴² / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/25/06	100 ²⁸ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/26/06	109 ³⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/27/06	112 ⁹⁵ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		2/28/06	333 ⁵⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		3/1/06	166 ⁸⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		3/2/06	330 ⁴⁹ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031		3/3/06	356 ²⁰ / _{xx}

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US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/4/06	201.34
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/5/06	102 ⁵⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/6/06	161 ⁶⁹ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/7/06	163 ¹⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/8/06	110 ²⁵ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/9/06	108 ⁸³ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/10/06	391 ⁶¹ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/11/06	375 ⁰² / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/12/06	202 ⁵⁴ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/13/06	104 ⁰² / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/14/06	110 ⁶⁶ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/15/06	162 ⁴² / _{xx}

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US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/16/06	151 ³³ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/17/06	141 ⁶⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/18/06	229 ¹⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/19/06	198 ⁹⁸ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/20/06	102 ⁷¹ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/21/06	135 ⁷² / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/22/06	113 ⁰⁵ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/23/06	286 ⁵⁹ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/24/06	239 ³⁶ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/25/06	310 ⁶⁸ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/26/06	120 ²⁷ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/27/06	100 ⁰⁰ / _{xx}

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Name (print) STAN VAUGHAN

Office (if applicable) ASSEMBLY

District (if applicable) 7

Expenses in Excess of \$100
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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 DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/4/06	112.33
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/5/06	118.05
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/6/06	102 ⁴⁵ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/7/06	106 ³¹ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/8/06	218 ⁴³ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/9/06	201 ⁵⁸ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/10/06	134 ⁰⁴ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/11/06	122 ⁴³ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/12/06	122 ²⁵ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/13/06	107 ⁴⁶ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/14/06	117 ²¹ / _{xx}
OFFICE DEPOT 1435 W. CRAIG RD MLV NV 89032	D	1/15/06	194 ⁶⁵

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Name (print) Stan Vaughan

Office (if applicable) ASSEMBLY

District (if applicable) 7

Expenses in Excess of \$100
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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
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/28/06	198 ⁹⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/29/06	128 ⁶⁴ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/30/06	127 ⁰⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	3/31/06	1,671.29
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	4/1/06	106 ⁶⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	4/2/06	140 ⁴⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	4/3/06	100 ¹⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	4/4/06	133 ¹¹ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	4/5/06	100 ⁰⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	4/6/06	102 ⁴⁴ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	4/7/06	124 ²⁰ / _{xx}
US Postal Service 4904 Camino Al Norte MLV NV 89031	D	4/8/06	101 ⁴⁰ / _{xx}

3034.34

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Name of Candidate: STAN WRIGHT

Office (if applicable): ASSEMBLY 7

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
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/9/06	124 ⁰²
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/10/06	103 ⁰⁰ xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/11/06	101 ⁴⁰ xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/12/06	218 ³⁷ xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/13/06	139 ⁰⁹
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/14/06	447 ¹¹ xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/15/06	110 ¹⁹ xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/16/06	200 ⁰⁰ xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/17/06	100 ³² xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/18/06	196 ²⁰ xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/19/06	140 ²² xx
US Postal Service 4904 Cammin Rd NW NV NV 89031	D	4/20/06	356 ¹⁷ xx

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STAN VANGLAN

ASSEMBLY 7
Office of 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
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/21/06	100 ⁰⁰
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/22/06	112 ⁵⁰
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/23/06	113 ²⁰
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/24/06	126 ⁰⁰
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/25/06	217 ⁷⁶
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/26/06	164 ²⁴
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/27/06	253 ¹⁶
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/28/06	103 ⁶⁶
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/29/06	167 ¹⁸
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	4/30/06	105 ⁹⁰
US Postal Service 4904 Camino Al Norte NLV NV 89032	D	5/1/06	108 ²⁹

1511-89

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Name (print) STAN VANUGHAN Office (if applicable) Assembly

District (if applicable) 7

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 DEPUT 1435 W. CRAIG NV NV 89032	D.	1/17/06	113 ³⁵ / _{xx}
OFFICE DEPUT. 1435 W. CRAIG NV NV 89032	D	1/18/06	106 ⁶⁰ / _{xx}
OFFICE DEPUT. 1435 W. CRAIG NV NV 89032	D	1/19/06	211 ⁶¹ / _{xx}
OFFICE DEPUT. 1435 W. CRAIG NV NV 89032	D	1/20/06	107 ⁷⁷ / _{xx}
OFFICE DEPUT. 1435 W. CRAIG NV NV 89032	D	1/21/06	126 ³⁴ / _{xx}
OFFICE DEPUT 1435 W. CRAIG NV NV 89032	D	1/22/06	117 ⁵⁹ / _{xx}
OFFICE DEPUT 1435 W. CRAIG NV NV 89032	D	1/23/06	101 ⁵⁵ / _{xx}
OFFICE DEPUT 1435 W. CRAIG NV NV 89032	D	1/24/06	112 ⁴⁰ / _{xx}
OFFICE DEPUT 1435 W. CRAIG NV NV 89032	D	1/25/06	106 ⁸³ / _{xx}
OFFICE DEPUT. 1435 W. CRAIG NV NV 89032	D	1/27/06	112 ⁶⁸ / _{xx}

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

① To: candidate: WRITTEN STATEMENT FAIR MARKET VALUE.
Estimate of fair market value of loaned foot
massage to help relieve from walking down to door

② Is ABOUT \$100⁰⁰/_{xx} DR. Scholl's insoles, ALSO ABOUT \$100⁰⁰/_{xx}
Gunde Bedford 5/13/2006.

