

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Clark County Republican Leadership LP Committee Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 3478 W. Desert Inn Rd Las Vegas, NV 89102 Suite C-319 Telephone No. 702-258-9184
 E-Mail Address jlg212@yr100.com

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

FILED
 OCT 31 2006
 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)	\$ 40,500	\$ 40,500
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)	—	—
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	\$ 40,500	\$ 40,500
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)	—	—

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	—	—
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)	—	—
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 X. White Chhivashvin Date 30 Oct 2006

CAMPAIGN CONTRIBUTIONS

Report Period #

Clark County Republican Leadership Committee

Name (print)

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
Clark County Republican Party 574 S. Decatur Blvd LV NV 89107	10/25/06	\$ 40,500	-	-	-

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CAMPAIGN EXPENSES

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	X
Expenses related to volunteers	X
Expenses related to travel	X
Expenses related to advertising	X
Expenses related to paid staff	X
Expenses related to consultants	X
Expenses related to polling	X
Expenses related to special events	X
** Goods and services provided in kind for which money would otherwise have been paid	X
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) 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
STEVEN GRICEPSON 870 CHASTE CT HENDERSON, NV 89015	J	10/25/06	\$ 10,000
Sharla Wanda 2 Glenbrook Cir CARSON CITY, NV 89703	J	10/25/06	\$ 10,000
LINDA WEST MYERS 5704 COLD RIVER AVE LAS VEGAS NV 89130	J	10/25/06	\$ 10,000
ANGELO CARVALHO 4917 BRIMESPOUND N. LV NV 89031	J	10/25/06	\$ 10,000

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