CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Sharron Angle
Name (print)

Assembly
Office (if applicable)

26
District (if applicable)

1802 Rainbow Ridge, Reno, NV 89523
Mailing Address (include city and zip code)

787-6017
Telephone No.

E-Mail Address

718

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

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[X] **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)		
2.	Total Monetary Contributions Received of $100 or Less (See page 2 of instruction sheet)	700.00	700.00
3.	Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	60.00	60.00
4.	Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		

		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)	760.00	760.00
6.	Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))		
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)	5,016.54	5,016.54
9.	Total Monetary Expenses Paid of $100 or less (See page 2 of instruction sheet)	1,044.60	1,044.60
10.	**Total Amount of All Monetary Expenses paid** (Add Lines 8 and 9) (See page 2 of instruction sheet)	6,061.14	6,061.14
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 of 15th 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.

Sharron E Angle
Signature

1/13/06
Date

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Sharron Angle — Name (print)

Assembly — Office (if applicable)

26 — District (if applicable)

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AFFIRMATION

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Signature

Date

CAMPAIGN CONTRIBUTIONS

REPORT PERIOD

Annual

Sharron Angle — Name (print)

Assembly — Office (if applicable)

26 — 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 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR	
Fiedrich, W.G. & Vee Ann P.O. Box 767 Verdi, NV 89439	1/7/05	100.00				
Cassani, John & Starla 9715 Passa Tempo Dr. Reno, NV 89511	1/7/05	100.00				
T & P Properties P.O. Box 10677 Reno, NV 89510	1/7/05	500.00				

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IN KIND CAMPAIGN CONTRIBUTIONS | **REPORT PERIOD** | **# Annual**

Sharron Angle — Name (print)
Assembly — Office (if applicable)
26 — District (if applicable)

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 fo Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI-BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTIONS	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN

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WRITTEN COMMITMENTS

Report Period # Annual

Sharron Angle — Name (print)
Assembly — Office (if applicable)
26 — District (if applicable)

Written Commitments in Excess of $100 or, When Added Together from One Entity Exceeds $100
Transfer Total Amount of All Written Commitments to line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT

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IN KIND
WRITTEN COMMITMENTS

Report Period # Annual

Sharron Angle	Assembly	26
Name (print)	Office (if applicable)	District (if applicable)

In Kind Written Commitments in Excess of $100 or, When Added Together from One Entity Exceeds $100
Transfer Total Amount of All Written Commitments to line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT

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Sharron Angle	Assembly	26
Name (print)	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" constributions and expenses to be reported on a separate form, which is attached.

Sharron Angle	Assembly	26
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
Advanced Graphics 340 Western Rd. Reno, NV 89506	D	1/6/05	660.00
Dane and Associates 4259 El Camal Way Las Vegas, NV 89121	D	1/6/05	2,000.00
Larry Martin	D	2/17/05	1,326.11
Office Depot 2990 Northtowne Lane Reno, NV 89510	A A	5/31/05 9/2/05	140.12 111.51
Southwest Airlines (online purchase)	C	2/16/05 2/16/05 4/11/05	216.90 230.50 220.40
United States Postal Service Reno, NV 89523	A	2/10/05	111.00

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Sharron Angle	Assembly	26
Name (print)	Office (if applicable)	District (if applicable)

IN KIND

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State
NRS 294A.20.120, 294A.125,
294A.140, 294A.150, 294A.160
294A200, 294A210, 294A220, 94A.362