

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

DOUGLAS COUNTY REPUBLICAN CENTRAL COMMITTEE

Name (print)

Office (if applicable)

District (if applicable)

PO BOX 2395 MINDEH NV 89423

Telephone No.

775-7824467

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, 2007  
Period: January 1, 2006 - December 31, 2006
- Report #1 - Due March 27, 2007\*  
Period: Jan. 1, 2007 - March 22, 2007
- Report #2 Due - May 29, 2007\*  
Period: Mar. 23, 2007 - May 24, 2007
- Report #3 Due - July 15, 2007\*  
Period: May 25, 2007 - June 30, 2007

- Annual Filing - Due January 15, 2008  
\*Period: July 1, 2007 - December 31, 2007  
\*\*Period: Jan. 1, 2007 - December 31, 2007

\* These Reports are filed by incumbents/candidates running for office in the 2007 election cycle  
\*\* These Reports are filed by incumbents not running for office this cycle who: (1) raised contributions in excess of \$100; or (2) have money left over from a previous campaign

17/07

**FILED**

JAN 7 2008

SECRETARY OF STATE  
ELECTIONS DIVISION

FOR OFFICE USE ONLY

CONTRIBUTIONS SUMMARY

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)
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)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
/	/
/	/
/	/

5. Total Amount of Monetary Contributions Received  
(Add Lines 1 through 4) (See page 2 of instruction sheet)
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)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
/	/
/	/
/	/

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<sup>th</sup> day of the second month after candidate's defeat or incumbent does not run for reelection)  
(See page 3 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
/	/
/	/
/	/
/	/

AFFIRMATION

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

Signature Maggie Berg

Date Jan 1, 2008





**CAMPAIGN EXPENSES**

Report Period #

*DeRoe*

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" contributions and expenses to be reported on a separate form, which is attached.**

DeRoc

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
NONE			

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