

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) **RON PARRAGUIRRE SUPREME COURT** Office (if applicable) District (if applicable)
 Mailing Address (include city and zip code) **201 S. CARSON ST CARSON CITY NV 89701** Telephone No. **775 684-1510**
 E-Mail Address

Select Appropriate Box(es) CANDIDATE PAC POL PRY IND EXP NONPROFIT CORP
 LEGAL DEFENSE FUND AMENDED

- Annual Filing - Due January 15, 2008**
 Period: January 1, 2007 - December 31, 2007
- Report #1 - Due August 5, 2008***
 Period: Jan. 1, 2008 - July 31, 2008
- Report #2 Due - October 28, 2008***
 Period: Aug. 1, 2008 - Oct. 23, 2008
- Report #3 Due - January 15, 2009****
 Period: Oct. 24, 2008 - Dec. 31, 2008
- Annual Filing - Due January 15, 2009**
 Period: January 1, 2008 - December 31, 2008

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FILED

JAN 11 2008

SECRETARY OF STATE
ELECTIONS DIVISION

FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle
 ** Third Report suffices for 2009 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	0
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)	0	0
Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)		
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	0	
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	
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	2703 ²⁷
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	394 ⁹⁷
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	3098 ²⁴
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0
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)	35,085 ²⁸

AFFIRMATION

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

Ron Parraguire
 Signature

1/8/08
 Date

RON PARRAGUIRRE
Name (print)

SUPREME COURT
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.**

RON PARRAGUIRRE SUPREME COURT

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 284A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
RICK CROWDER PO BOX 2021 PARADISE CA.	H	1/11/07	600 [—]
JANETTE BLOOM CARSON CITY, NV	A H	3/26/07	128 ⁵⁷ _—
DINERS CLUB	A HC	4/20/07	277 ⁹⁰ _—
DINERS CLUB	HC	5/21/07	186 ³⁰ _—
DINERS CLUB	A HC	6/22/07	260 ³⁰ _—
DINERS CLUB	A H	8/25/07	272 ⁴⁰ _—
Neuro-Immune Research Fdn RENO, NV	H	8/28/07	500 [—]
BANK OF AMERICA	HC	12/4/07	278 ³⁰ _—
Admin. Office of the Court CARSON CITY NV	H	12/11/07	200 [—]

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RON PARRAGUIRRI SUPREME COURT. Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

Table with 4 columns: 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 IN KIND EXPENSE; VALUE OR COST OF EACH IN KIND EXPENSE. The first row contains the handwritten word 'NONE' with a horizontal line extending across the table.

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160, 294A.200, 294A.210, 294A.220, 294A.362