Nevada 2000

Name (print) | Office (if applicable) | District (if applicable)

5442 Holbrook Dr. Las Vegas 89103 702-222-9901

Mailing Address (include city and zip code) | Telephone No.

E-Mail Address

21102

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ POL PRTY ☐ 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

FILED
JAN 15 2009
SECRETARY OF STATE
ELECTIONS DIVISION
FOR OFFICE USE ONLY

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*** 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)		
5. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 4) (See page 2 of instruction sheet)	0	0

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
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)	0	0

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of $100 (See page 2 of instruction sheet)	0	0
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)	0	0
11. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet)	0	0
12. Disposition of Unspent Contributions **(Only reported on Report #3, Annual Report or 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.

Signature | Date 1/15/09

EL201.doc Revised: May - 2007

Nevada 2020

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
		$0.00			

IN KIND CAMPAIGN CONTRIB[illegible]ORReport Period -

Nevada 2020

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

Contributor's Name and Address	Date of Each In Kind Contribution	Description of Each In Kind Contribution	Value or Cost of Each In Kind 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
			$ -			

Nevada 2020

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

Name & 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

Nevada 2020

Expenses in Excess of $100

Transfer Total Value of All In Kind Campaign Expenses to Line 11 of Expenses Summary

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
			$ -