

Name (print) **RON PARRAGUIRRE** Office (if applicable) **SUPREME COURT** 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 *20061*

- 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

**FAXED / FILED**  
JAN 14 2009  
*Hand delivered*  
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)		1	1
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)		1	1
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		1	1
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		This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)		3,841 <sup>62</sup>	
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)		303 <sup>24</sup>	
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)		4,145 <sup>62</sup>	
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 <sup>th</sup> day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)		39,939 <sup>66</sup>	

**AFFIRMATION**  
I Declare Under Penalty of Perjury That the Foregoing is True and Correct.  
*Ron Parraguirre*  
Signature \_\_\_\_\_ Date \_\_\_\_\_

CAMPAIGN CONTRIBUTIONS

Report Period #

RON PARAGUIRE SUPREME COURT

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

Table with 6 columns: 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. The table contains the handwritten word 'NONE' in the first cell and a diagonal line through the rest of the grid.

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CAMPAIGN EXPENSES

Report Period

**ANNUAL**

**RON PARRAGUIRRE SUPREME CT**

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
NATHAN Adelson Hospice	H	4/21/08	500 <sup>-</sup>
Crohns' and Colitis Foundation	H	4/23/08	1000 <sup>-</sup>
AOC	A,H	6/2/08	150 <sup>-</sup>
BANK OF AMERICA	H,J,C	6/4/08	282 <sup>50</sup>
Whittemore Peterson Foundation	H	8/20/08	250 <sup>-</sup>
COSTCO	A	8/26/08	1,192 <sup>18</sup>
KEEP THE MEMORY ALIVE Foundation	H	8/21/08	250 <sup>-</sup>
Citi CARDS	A,H	9/8/08	217 <sup>-</sup>

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## CAMPAIGN EXPENSES

Report Period: #

Name (print)

Office (if applicable)

District (if applicable)

**RON PARRAGUIRRE SUPREME COURT**

## 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.**