

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Democratic Legislative Campaign Committee
 Name (print) Democratic Legislative Campaign Committee Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 1401 K Street NW, Suite 201 Washington, DC 20005 Telephone No. 202-449-6740
 E-Mail Address dlice@dlice.org

- 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

OCT 27 2008

SECRETARY OF STATE
ELECTIONS DIVISION

FOR OFFICE USE ONLY

K. S. McInight

* 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

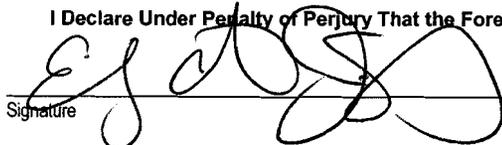
	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)	808,217.86	808,217.86
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	0.00	0.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0.00	0.00
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0.00	0.00
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	808,217.86	808,217.86
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)	0.00	0.00
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0.00	0.00

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	808,217.86	808,217.86
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	0.00	0.00
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	808,217.86	808,217.86
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0.00	0.00
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)	N/A	

AFFIRMATION

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


 Signature

10/27/2008
 Date

CAMPAIGN CONTRIBUTIONS

Report Period #2

Democratic Legislative Campaign Committee
 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

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Nevada State Democratic Party/ Non Federal Act 1210 S. Valley View, Suite 114 Las Vegas, NV 89102	9/29/2008	\$100,000.00			
Same	10/2/2008	\$100,000.00			
Same	10/17/2008	\$200,000.00			
Same	10/22/2008	\$80,000.00			
Eli Lilly and Company Lilly Corporate Ctr. Indianapolis, IN 46285	10/3/2008	\$100,000.00			
PhRMA 1100 15th St. NW Washington, DC 20005	9/10/2008	\$100,000.00			
AFSCME 1625 L St. NW, 5th Fl. Washington, DC 20036	9/10/2008	\$100,000.00			
IAFF 1750 New York Avenue Washington, DC 20004	10/10/2008	\$28,217.86			

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Democratic Legislative Campaign Committee
 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
<i>Buying Time, LLC 2715 M St. NW, Suite 400 Washington, DC 20007</i>	<i>D</i>	<i>10/3/2008</i>	<i>\$200,000.00</i>
<i>Same</i>	<i>D</i>	<i>10/13/2008</i>	<i>\$200,000.00</i>
<i>Same</i>	<i>D</i>	<i>10/17/2008</i>	<i>\$200,000.00</i>
<i>Same</i>	<i>D</i>	<i>10/23/2008</i>	<i>\$200,000.00</i>
<i>Envision Communications, Inc. 2715 M St. NW, Suite 100 Washington, DC 20007</i>	<i>D</i>	<i>10/23/2008</i>	<i>\$8,217.86</i>

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