

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Nevadan's for the American Dream Office (if applicable) LV, NV 89125 District (if applicable) 702-373-4284
 Mailing Address (include city and zip code) PO Box 7397 Telephone No. 21189

E-Mail Address

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

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	10,000.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	0	0
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0	0
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0	0
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	0	10,000.00
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	0
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)	200.00	1700.00
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	0	0
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	200.00	1700.00
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)	12,897.63	

AFFIRMATION

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

Signature [Handwritten Signature]

Date 1/14/09

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Nevadan's for the American Dream
 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>Elizabeth B. Workman Medical Fund Attn: Bruce Woodbury</i>	<i>J</i>	<i>3/6/08 *</i>	<i>200.00</i>
<i>3800 Howard Hughes Parkway Ste 1600 Las Vegas, NV 89169</i>			
		<i>* should have been listed</i>	
		<i>in Report #1</i>	

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