

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Republican Assembly Leadership Caucus

Name (print) 8625 W. Sahara Ave. Las Vegas, NV 89117 Office (if applicable) 702-258-9182 District (if applicable)
 Mailing Address (include city and zip code) admin@nugopassembly.com Telephone No.
 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

19089
FILED
 AUG 05 2008
SECRETARY OF STATE
 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)	\$18,500	\$18,500
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)	\$18,500	\$18,500
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)	0	0
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)	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 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.

Maria M. Mann
 Signature

8-5-2008
 Date

REPUBLICAN ASSEMBLY LEADERSHIP CAUCUS*Contributions In Excess of \$100*

Contributor's Name	Contributor's Address	Date of Contribution	Amount of Contribution
Friends Of Heidi Gansert	316 California Ave #302, Reno, NV 89509	2/11/2008	\$10,000.00
NV Manufactured Housing	8275 S. Eastern Avenue, Suite 200 Las Vegas, NV 89123	2/14/2008	\$1,000.00
Silver State Strategies	410 S. Minnesota St., Carson City, NV 89703	6/17/2008	\$5,000.00
Southwest Medical Association	PO Box 15645, Las Vegas, NV 89114	7/30/2008	\$1,500.00
Sierra Health & Life Insurance Co. Inc.	PO Box 15645, Las Vegas, NV 89114	7/30/2008	\$1,000.00
	Total in excess of \$100		\$18,500.00

Check Here if Loan	Name and Address of 3rd Party if loan guaranteed by 3rd party.	Name & Address of person who forgave the loan, if different than contributor

WRITTEN COMMITMENTS

Report Period **#1**

Name (print) Republican Assembly Leadership Caucus Office (if applicable) _____ District (if applicable) _____

**Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
N/A		

This page may be copied or duplicated if additional space is needed.

CAMPAIGN EXPENSES

Report Period **#1**

Name (print) Republican Assembly Leadership Caucus

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.**

