

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

SILVER STATE LEADERSHIP ALLIANCE

Name (print) 328 FIVE ST., HENDERSON, NV 89015 Office (if applicable) District (if applicable) 702-238-5286

E-Mail Address

- Select Appropriate Box(es) [] CANDIDATE [X] PAC [] POL. PRTY [] IND. EXP [] NONPROFIT CORP [] LEGAL DEFENSE FUND [X] AMENDED

19687

- [] Annual Filing - Due January 15, 2008
[] Report #1 - Due August 5, 2008*
[X] Report #2 Due - October 28, 2008*
[] Report #3 Due - January 15, 2009**
[] Annual Filing - Due January 15, 2009

FAXED / FILED
NOV 03 2008
SECRETARY OF STATE ELECTIONS DIVISION

* 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

- 1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less
3. Total Monetary Contributions in the form of loans guaranteed by a third party.
4. Total Monetary Contributions in the form of loans that were forgiven

This Period Cumulative From Beginning of Report Period #1 through End of This Reporting Period

0
0
0
0

- 5. Total Amount of Monetary Contributions Received
6. Total Amount of Written Commitments for Contributions
7. Total Value of In Kind Contributions Received in Excess of \$100

This Period Cumulative From Beginning of Report Period #1 through End of This Reporting Period

0
0

EXPENSES SUMMARY

- 8. Total Monetary Expenses Paid in Excess of \$100
9. Total Monetary Expenses Paid of \$100 or Less
10. Total Amount of All Monetary Expenses Paid
11. Total Value of In Kind Expenses in Excess of \$100
12. Disposition of Unspent Contributions

7690.00 25,804.28
705.77 2670.98
8395.77 28,475.26

0
N/A

AFFIRMATION

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

Signature [Handwritten Signature]

Date 11/3/08

CAMPAIGN CONTRIBUTIONS

Report Period # 2

SILVER STATE LEADERSHIP ALLIANCE

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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WRITTEN COMMITMENTS

Report Period #2

SILVER STATE LEADERSHIP ALLIANCE
Name (print) 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

Table with 3 columns: NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT, DATE OF EACH COMMITMENT, AMOUNT OF EACH COMMITMENT. The table contains the word 'NONE' in the first row and is otherwise crossed out with a diagonal line.

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CAMPAIGN EXPENSES

Report Period **# 2**SILVER STATE LEADERSHIP ALLIANCE

Name (print)

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.**

CAMPAIGN EXPENSES

Report Period # 2

SILVER STATE LEADERSHIP ALLIANCE

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
NEVADA SENATE DEMOCRATS LAS VEGAS, NV	J	8-5-2008	\$ 500.00
ASSEMBLY DEMOCRATIC CAUCUS LAS VEGAS, NV	J	8-06-2008	\$ 500.00
VERIZON MISSION HILLS, CA	A	8-19-2008 9-08-2008 10-20-2008	\$ 120.00 \$ 205.00 \$ 225.00
AMERICAN EXPRESS FT. LAUDERDALE, FL.	A-C-J	8-28-2008 9-25-2008	\$ 2000.00 \$ 490.00
APRIL MASTROLUCA FOR ASSEMBLY 265 COPPER GLOW CT. HENDERSON, NV 89074	J	9-02-2008	\$ 500.00
TOM COLLINS FOR COMMISSION PO BOX 249 LOGANDALE, NV 89031	J	9-29-2008	\$ 500.00
STEVE SISOLAK FOR COMMISSION 29 BURNING TOBE CT. LAS VEGAS, NV 89113	J	10-01-2008	\$ 500.00
STATE LEGISLATIVE LEADERS FOUNDATION 1645 FALMOUTH RD CENTERVILLE, MN	J	10-03-2008	\$ 325.00
DINA TITUS FOR CONGRESS PO BOX 50614 HENDERSON, NV 89016	J	10-06-2008	\$ 500.00
MARCUS CONKLIN FOR ASSEMBLY 1600 PALMAE WAY LAS VEGAS, NV 89128	J	10-14-2008	\$ 500.00
WILLIAM HOWE FOR ASSEMBLY 2251 N. RAMPART BLVD LAS VEGAS, NV 89123	J	10-14-2008	\$ 500.00

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

IN KIND CAMPAIGN CONTRIBUTIONS

Report Period **#2**

SILVER STATE LEADERSHIP ALLIANCE
 Name (print) Office (if applicable) District (if applicable)

IN KIND

**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 7 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/ COMMITMENT	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
NONE						
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**IN KIND
WRITTEN COMMITMENTS**

Report Period # **2**

SILVER STATE LEADERSHIP ALLIANCE

Name (print)

Office (if applicable)

District (if applicable)

**In Kind 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 IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
NONE		

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IN KIND CAMPAIGN EXPENSES

Report Period # **2**

SILVER STATE LEADERSHIP ALLIANCE
 Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses in Excess of \$100

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

NAME AND ADDRESS OF PERSON, 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
NONE			

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Prescribed by Secretary of State
 NRS 294A.126, 294A.125,
 294A.140, 294A.150, 294A.160,
 294A.200, 294A.210, 294A.220, 294A.352