

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

*Republican Assembly Victory Fund*

Name (print)

Office (if applicable)

District (if applicable)

*PO Box 401508 Las Vegas, NV 89140*

Mailing Address (include city and zip code)

Telephone No.

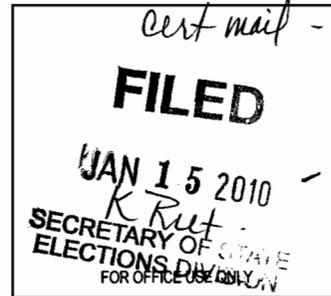
*702-336-6849*

E-Mail Address

- Select Appropriate Box(es)
- CANDIDATE 
  PAC 
  POL PRTY 
  IND EXP 
  NONPROFIT CORP  
 LEGAL DEFENSE FUND 
  AMENDED 
  LOCAL BAG

*22745*

- Annual Filing - Due January 15, 2010**  
 Period: January 1, 2009 – December 31, 2009
- Report #1 — Due June 1, 2010\***  
 Period: Jan. 1, 2010 — May 27, 2010
- Report #2 Due — October 26, 2010\***  
 Period: May 28, 2010 — Oct. 21, 2010
- Report #3 Due — January 15, 2011\*\***  
 Period: Oct. 22, 2010 — Dec. 31, 2010
- Annual Filing – Due January 15, 2011**  
 Period: January 1, 2010 – December 31, 2010



\* These Reports are filed by incumbents/candidates in the 2010 election cycle  
 \*\* Third Report suffices for 2011 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	
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0	
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0	
	<b>This Period</b>	<b>Cumulative From Beginning of Report Period #1 Through End of This Reporting Period</b>
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	0	
5. 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	
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	

**EXPENSES SUMMARY**

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	0	
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0	

**AFFIRMATION**

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

*Monica M. Marshall*  
 Signature

*1/15/10*  
 Date



**WRITTEN COMMITMENTS**

Report Period # **A**

*Republican Assembly Victory Fund*  
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 5 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.

Name (print) Republican Assembly Victory Fund Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_

**Expense Categories**

<b>CATEGORIES</b>	<b>CODE</b>
Office expenses	<b>A</b>
Expenses related to volunteers	<b>B</b>
Expenses related to travel	<b>C</b>
Expenses related to advertising	<b>D</b>
Expenses related to paid staff	<b>E</b>
Expenses related to consultants	<b>F</b>
Expenses related to polling	<b>G</b>
Expenses related to special events	<b>H</b>
** Goods and services provided in kind for which money would otherwise have been paid	<b>I</b>
Other miscellaneous expenses	<b>J</b>

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Name (print) Republican Assembly Victory Fund Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_

**Expenses in Excess of \$100  
Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY <small>(See Previous Page)</small> NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
N/A			

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

## 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  
WRITTEN COMMITMENTS**

Report Period # **A**

*Republican Assembly Victory Fund*

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 5 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
N/A		

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

**IN KIND CAMPAIGN EXPENSES**

Report Period # **A**

Name (print) *Republican Assembly Victory Fund* Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_

**IN KIND**

**Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 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
N/A			

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

Prescribed by Secretary of State  
 NRS 294A.120, 294A.125,  
 294A.140, 294A.150, 294A.160  
 294A.200, 294A.210, 294A.220, 294A.362