

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Millennium Assembly Leadership

Name (print) 5442 Holbrook Dr. Las Vegas NV 89103 Office (if applicable) \_\_\_\_\_ District (if applicable) 702-222-9901  
 Mailing Address (include city and zip code) \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ 25533

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

- 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, 2008 - Dec. 31, 2010
- Annual Filing - Due January 15, 2011  
Period: Jan. 1, 2010 - Dec. 31, 2010

**FILED**  
**OCT 28 2010.**  
*Krut*  
**SECRETARY OF STATE**  
**ELECTIONS DIVISION**  
 FOR OFFICE USE ONLY

\* These Reports are filed by incumbents/candidates running for office 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 in Excess of \$100 (See page 1 of instruction sheet)	none	none
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	none	none
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	none	none

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	none	none
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)	none	none
6. Total Value of In Kind Contributions Received in Excess of \$100. (See page 2 of instruction sheet)	none	none

**EXPENSES SUMMARY**

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	none	none
8. Total Value of In Kind Expenses in Excess of \$100. (See page 3 of instruction sheet)	none	none

**AFFIRMATION**

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

Signature \_\_\_\_\_ *[Signature]* Date 10-26-10



#REF!

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
None		

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

Name (print)

Office (if applicable)

District (if applicable)

**Expense Categories**

<b>CATEGORIES</b>	<b>CODE</b>
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.**







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**

<b>NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT</b>	<b>DATE OF EACH IN KIND COMMITMENT</b>	<b>AMOUNT OF EACH IN KIND COMMITMENT</b>
None		

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