

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

NLV PAC

Name (print) Office (if applicable) District (if applicable)

6100 Elton Ave., Suite 1000, Las Vegas, NV 89107 (702) 384-1120

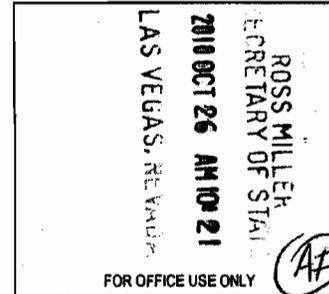
Mailing Address (include city and zip code) Telephone No.

25470

E-mail Address

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

- Annual Filing - Due January 15, 2010  
 Period: January 1, 2008 - December 31, 2008
- Report #1 - Due June 1, 2010\*  
 Period: Jan. 1, 2010 - May 27, 2010
- Report #2 Due - October 26, 2010\*  
 Period: May 28, 2010 - October 21, 2010
- Report #3 Due - January 15, 2011\*\*  
 Period: Oct. 22, 2010 - Dec. 31, 2010
- Annual Filing - Due January 15, 2011  
 \*Period: July 1, 2009 - 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)	0.00	0.00
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0.00	0.00
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0.00	0.00
<b>4. Total Amount of Monetary Contributions Received</b> (Add Lines 1 through 3) (See page 2 of instruction sheet)	0.00	0.00
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)	0.00	0.00
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0.00	0.00

**EXPENSES SUMMARY**

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	750.00	5,750.00
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0.00	0.00

**AFFIRMATION**

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

*[Signature]*  
 Signature

10-25-10  
 Date

**CAMPAIGN CONTRIBUTIONS**

Report Period # 2

NLV PAC

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**

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

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NLV PAC

Name (print)

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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 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.**

NLV PAC

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**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
Retain Bill Dolan 5651 E. Fiore Dr. Pahrump, NV 89061	J	7/19/2010	750.00