

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Republican Assembly Victory Fund

Name (print) PO Box 401508 Las Vegas, NV 89140 Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) _____ Telephone No. 702-336-6849

E-Mail Address _____

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

24531

- 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	0
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0	0
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0	0
	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 3) (See page 2 of instruction sheet)	0	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	0
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	0

EXPENSES SUMMARY

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

AFFIRMATION

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

Monica M. Mann
 Signature

6/1/10
 Date

WRITTEN COMMITMENTS

Report Period # |

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.

Republican Assembly Victory Fund
 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.**

**IN KIND
WRITTEN COMMITMENTS**

Report Period # |

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		

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Republican Assembly Victory Fund

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 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			

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