CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT **State of Nevada**

Name (print): Sagebrush State Freedom Fund
Office (if applicable):
District (if applicable):
Mailing Address (include city and zip code): 716 Kelso Way, Las Vegas, NV 89107
Telephone No. 773-315-3812
E-Mail Address: JPaul1864@gmail.com

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

27238

☐ **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

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SECRETARY OF STATE
ELECTIONS DIVISION
FOR OFFICE USE ONLY

*** 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)	10,000	10,000
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)		
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	10,000	10,000
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)		
6. Total Value of In Kind Contributions Received in Excess of $100 (See page 2 of instruction sheet)		

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)	10,000	10,000
8. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet)		

AFFIRMATION

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

Signature: [signature] Date: 12/9/10

CAMPAIGN CONTRIBUTIONS

Report Period # A

Sagebrush State Freedom Fund

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
Economic Leadership PAC 4170 S Decatur Blvd suite D-2 Las Vegas NV 89103	10/21/10	10,000			

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CAMPAIGN EXPENSES **Report Period** # A

Sagebrush State Freedom Fund

Name (print) 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 (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Rory 2010 4170 S. Decatur Blvd., suite D-2 Las Vegas, NV 89107	J	10/21/10	10,000

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