

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Boulder City Leadership PAC

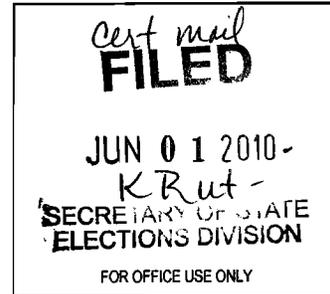
Name (print) Boulder City Leadership PAC Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) Po Box 60306 Boulder City, NV 89006 Telephone No. 702-643-4563

E-Mail Address _____

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

24529

- 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
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)		\$5,000	\$5,000
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. Meradlu
 Signature

6/1/10
 Date

WRITTEN COMMITMENTS

Report Period # 1

Boulder City Leadership PAC

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		

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Boulder City Leadership PAC

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.**

BOULDER CITY LEADERSHIP PAC

Expenses In Excess of \$100

Name of Person/Group who received payment	Address for Person/Group	Category	Date of Expense	Amount of Expense
Republican Assembly Caucus	PO Box 401508, Las Vegas, NV 89140	J	5/27/10	\$5,000.00
Total				\$5,000.00

**IN KIND
WRITTEN COMMITMENTS**

Report Period # |

Boulder City Leadership PAC
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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Boulder City Leadership PAC
 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