

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

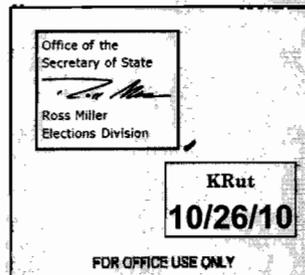
Republican State Leadership Committee

Name (Print) 1800 Diagonal Rd, Ste. 230, Alexandria, VA 22314 (571) 480-4860
Office (if applicable)
District (if applicable)
Mailing Address (include city and zip code) Telephone No. 25343

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
Report #1 - Due June 1, 2010
Report #2 Due - October 26, 2010
Report #3 Due - January 15, 2011
Annual Filing - Due January 15, 2011



\* 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

Table with 2 columns: Description, This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Rows include Total Monetary Contributions Received in Excess of \$100, Total Monetary Contributions in the form of loans guaranteed by a third party, Total Monetary Contributions in the form of loans that were forgiven, Total Amount of Monetary Contributions Received, Total Amount of Written Commitments for Contributions, Total Value of In Kind Contributions Received in Excess of \$100.

EXPENSES SUMMARY

Table with 2 columns: Description, This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Rows include Total Monetary Expenses Paid in Excess of \$100, Total Value of In Kind Expenses in Excess of \$100.

AFFIRMATION

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

Signature [Handwritten Signature] Date 10/26/10

CAMPAIGN CONTRIBUTIONS

Report Period # 2

Republican State Leadership Committee

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 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Aircraft Owners & Pilots Assoc. 421 Aviation Way Frederick, MD 21701	10/1/10	5,000.00			
America's Health Insurance Plans PAC 604 Pennsylvania Ave #500 Washington, DC 20004	10/1/10	5,000.00			
Argle's Gun & Pawn 181-A State St. Gassaway, WV 26624	10/1/10	66.00			
Argle's Gun & Pawn 181-A State St. Gassaway, WV 26624	10/1/10	40.00			
B&R Government Affairs PO Box 14416 Washington, DC 20044	10/1/10	1,144.25			
Edwards Life Sciences One Edwards Way Irvine, CA 92614	10/1/10	5,000.00			
Elite Therapy Corp of TX 1418 Rimrock Dr. Gwynn, OK 73442	10/1/10	110.00			
Flowers Foods Inc. 1914 Flowers Circle Thomasville, GA 31757	10/1/10	1,144.25			
Health Trans, LLC 8300 E Montewood Greenwood Village, CO 80121	10/1/10	5,000.00			
JCAMPUS 6007 Financial Plz #25 Burrhead, LA 71129	10/1/10	110.00			
Lakshon Sucharow LLP 140 Broadway New York, NY 10005	10/1/10	5,000.00			
Life Lock 60 E. Rio Salado Pkwy #400 Tempe, AZ 85281	10/1/10	5,000.00			
Local Care Solutions 1800 Phoenix Blvd #120 Atlanta, GA 30349	10/1/10	1,000.00			
National Propane Gas Assoc. 1150 17th St. Washington, DC 20036	10/1/10	1,144.25			
NUSKIN INT'L / PHARMACEY PO Box 801 Provo, VT 05603	10/1/10	1,144.25			

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## CAMPAIGN EXPENSES

Report Period # **2****Republican State Leadership Committee**

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.**

**CAMPAIGN EXPENSES**

Report Period # **2**

**Republican State Leadership Committee**

Name (or ID)

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
Kradicki for Lieutenant Governor 6100 Eton Ave, Ste 1000 Las Vegas, NV 89107	J	10/1/10	\$ 5,000.00
Nevada Jobs Coalition PO Box 371553 Las Vegas, NV 89137	J	10/1/10	\$25,000.00
Nevada's First PAC 316 California Ave # 302 Reno, NV 89509	J	10/1/10	\$20,000.00

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