

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Progressive Leadership Alliance of Nevada Action Fund		3. FEC Identification Number C C90013749
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 708 South 6th Street		
(c) City, State and ZIP Code Las Vegas NV 89101		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y Y Y
 THROUGH
 M M / D D / Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **34413.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Michael Ginsburg	<i>Michael Ginsburg</i> [Electronically Filed]	10/23/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Progressive Leadership Alliance of Nevada Action Fund

Full Name (Last, First, Middle Initial) of Payee UNITE HERE Local 2		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 8603.25 Transaction ID : 57442453
City San Francisco	State CA	
Zip Code 94102	Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 61010.28	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UNITE HERE Local 2		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 8603.25 Transaction ID : 57442454
City San Francisco	State CA	
Zip Code 94102	Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 61010.28	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UNITE HERE Local 2		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 17206.50 Transaction ID : 57442514
City San Francisco	State CA	
Zip Code 94102	Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Calendar Year-To-Date Per Election for Office Sought 17206.50	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34413.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	34413.00
(carry total from last page forward to Line 7)		