10/16/2012 15 : 57 Image# 12954452909 PAGE 1/3

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

	•	Organization or Corporation	ding Quained Nonpi					
Pro	ogressive Leade							
	(b) Address (number an 708 South 6th Street							
	(c) City, State and ZIP (Code		3. FEC Ide	entification Number			
	Las Vegas	N	V 89101					
2.	Corporate filers only			C C900	13749			
		Is the filer a qualified nonprofit corporation?	☐ Yes 🔀					
	Individual filers only	Name of Employer		Occupation				
	4 TYPE OF BEI	PORT (check appropriate boxes):						
	(a) April 1	5 Quarterly Report						
	☐ July 15	5 Quarterly Report						
	Octobe	er 15 Quarterly Report	24-Hour Report					
			V					
	L Januai	ry 31 Year-End Report	X 48-Hour Report					
	b) Is this Re	PERIOD: FROM 10 THROUGH	2012 2012					
	6. TOTAL CONT	6. TOTAL CONTRIBUTIONS			120000 00			
					130000.00			
	7. TOTAL INDER	PENDENT EXPENDITURES			43803.78			
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.								
no. on more made by a corporation, rectally that the corporation is a qualified nonprivite corporation under the confinition to regulations.								
TYPE OR PRINT NAME OF PERSON COMPLETING FORM		F PERSON COMPLETING FORM	SIGNATURE	[Electronically Filed]	DATE			
Michael Ginsburg			Michael Ginsburg		10/16/2012			
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

5PG021 FEC **Schedule 5** (REV. 09/2005)

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE	2	OF	3
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commercial purposes, other than using the name and address of any political committee to ME OF FILER (In Full) pagessive Leadership Alliance of Nevada Action Fund I Name (Last, First, Middle Initial) pagessive Leadership Alliance of Nevada diling Address 708 South 6th Street I State Zip Code NV 89101 C ID number of contributing eral political committee. C State Zip Code C ID number of contributing eral political committee. C State Zip Code C ID number of contributing eral political committee. C State Zip Code C ID number of contributing eral political committee. C State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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FOTAL of Receipts This Page (optional)	
	130000.00

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

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				
Mailing Address 209 Golden Gate Ave.		10 14 2012				
011	7'- 0-4	Amount				
City San Francisco	State Zip Code CA 94102	21901.89 Transaction ID : F57.000001				
Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001	Office Sought: House State: NV				
Name of Federal Candidate Supported or Oppo Barack Obama	osed by Expenditure:	Check One: District: Oppose				
Calendar Year-To-Date Per Election for Office Sought	43803.78	Disbursement For: Primary General 2012 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee		Date				
UNITE HERE Local 2 Mailing Address 200 Colden Cote Ave		10 14 2012 _				
209 Golden Gate Ave.		Amount				
City	State Zip Code	04004.00				
San Francisco	CA 94102	21901.89 Transaction ID : F57.00002				
Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001	Office Sought: House State: NV Senate				
Name of Federal Candidate Supported or Oppo Mitt Romney	President District: Check One: Support Oppose					
Calendar Year-To-Date Per Election for Office Sought	43803.78	Disbursement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date					
		M M / D D / Y Y Y Y				
Mailing Address		Amount				
City	State Zip Code	Turount				
Purpose of Expenditure	Category/ Type	Office Sought: House State:				
Name of Federal Candidate Supported or Oppo	osed by Expenditure:	President District:				
	•	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expendent	▶ 43803.78					
(b) SUBTOTAL of Unitemized Independent Expe	· •					
(c) TOTAL Independent Expenditures(carry total from last page forward to L	▶ 43803.78					