

# 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 <b>Progressive Leadership Alliance of Nevada Action Fund</b>		3. FEC Identification Number <b>C</b> 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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	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

/  /   
 THROUGH  
 /  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Michael Ginsburg	<i>Michael Ginsburg</i>	01/30/2013

*[Electronically Filed]*

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-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A. Full Name (Last, First, Middle Initial)</b> Progress Leadership Alliance of Nevada			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2012		
Mailing Address 708 South 6th Street			<b>Transaction ID : 5AR2012-9286</b>		
City Las Vegas	State NV	Zip Code 89101	Amount of Each Receipt this Period 130000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) ..... ▶	130000.00

**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 / 14 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 21901.89 <b>Transaction ID : 57441511</b>
City San Francisco	State CA	
Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 86901.91		Disbursement For: <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 / 14 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 21901.89 <b>Transaction ID : 57441512</b>
City San Francisco	State CA	
Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 86901.91		Disbursement For: <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 <b>Transaction ID : 57442453</b>
City San Francisco	State CA	
Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 86901.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	52407.03
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	

**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 <b>Transaction ID : 57442454</b>
City San Francisco	State CA	
Zip Code 94102	Category/Type 001	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages, taxes, insurance for canvassers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 86901.91		

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 <b>Transaction ID : 57442514</b>
City San Francisco	State CA	
Zip Code 94102	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Wages, taxes, insurance for canvassers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 43098.09		

Full Name (Last, First, Middle Initial) of Payee UNITE HERE Local 2		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 16279.77 <b>Transaction ID : 57443200</b>
City San Francisco	State CA	
Zip Code 94102	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Wages, taxes, insurance for canvassers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 43098.09		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	42089.52
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(carry total from last page forward to Line 7)		

**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 / 29 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 8139.89 <b>Transaction ID : 57443201</b>
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 State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 86901.91		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <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 / 29 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 8139.89 <b>Transaction ID : 57443202</b>
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 State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 86901.91		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <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 11 / 05 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 9611.82 <b>Transaction ID : 57446553</b>
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 State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 43098.09		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	25891.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(carry total from last page forward to Line 7)		

**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 11 / 05 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 4805.92 <b>Transaction ID : 57446554</b>
City San Francisco	State CA	
Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 86901.91		Disbursement For: <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 11 / 05 / 2012
Mailing Address 209 Golden Gate Ave.		Amount 4805.93 <b>Transaction ID : 57446555</b>
City San Francisco	State CA	
Purpose of Expenditure Wages, taxes, insurance for canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 86901.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	9611.85
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	130000.00