

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 APR 14 AM 9:20

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

L I O N E L S A W Y E R & C O L L I N S P A C

ADDRESS (number and street) 3 0 0 S O U T H F O U R T H S T S T E 1 7 0 0

Check if different than previously reported. (ACC)

L A S V E G A S N V B 9 1 0 1 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 2 6 6 4 6 0

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [] / [] / [] in the State of []

5. Covering Period 0 1 / 0 1 / 2 0 0 8 through 0 3 / 3 1 / 2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Hejmanowski

Signature of Treasurer *Paul Hejmanowski*

Date 0 4 / 0 9 / 2 0 0 8

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

Office Use Only							
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FEC FORM 3X Rev. 12/2004

28039681603

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIONEL SAWYER & COLLINS PAC

Report Covering the Period: From: **01 / 01 / 2008** To: **03 / 31 / 2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		4 6 5 3 1 0 4
(b) Cash on Hand at Beginning of Reporting Period.....	4 6 5 3 1 0 4	
(c) Total Receipts (from Line 19)	9 5 5 6 9 0	9 5 5 6 9 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5 6 0 8 7 9 4	5 6 0 8 7 9 4
7. Total Disbursements (from Line 31)	7 0 0 0 0 0	7 0 0 0 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4 9 0 8 7 9 4	4 9 0 8 7 9 4
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

28039681604

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIONEL SAWYER & COLLINS PAC

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2008

To:

MM / DD / YYYY
03 / 31 / 2008

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

9,556.90

9,556.90

9,556.90

9,556.90

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

9,556.90

9,556.90

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0.00
0.00
0.00

0.00
0.00
0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

9,556.90

9,556.90

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

9,556.90

9,556.90

28039681605

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

28039681606

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶		
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		7 000 00	7 000 00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	▶		
29. Other Disbursements			
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share.....			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))	▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		7 000 00	7 000 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	▶	7 000 00	7 000 00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9 5 5 6 9 0	9 5 5 6 9 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9 5 5 6 9 0	9 5 5 6 9 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

28039681607

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 11	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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 COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

Full Name (Last, First, Middle Initial) A. LIONEL, SAMUEL S.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 300 S FOURTH ST., STE. 1700		Amount of Each Receipt this Period 4 6 1 5
City LAS VEGAS	State NV	
Zip Code 89101		Bi-weekly payroll deduction
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 7 6 9 0	

Full Name (Last, First, Middle Initial) B. BRYAN, RICHARD H.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above		Amount of Each Receipt this Period 4 6 1 5
City	State	
Zip Code		Bi-weekly payroll deduction
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 7 6 9 0	

Full Name (Last, First, Middle Initial) C. ZUCKER, JEFFREY P.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 2 0 0 0 0	

SUBTOTAL of Receipts This Page (optional)▶	1,753.80
TOTAL This Period (last page this line number only)▶	9,556.90

28039681608

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 11				
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17		

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

Full Name (Last, First, Middle Initial) A. HEJMANOWSKI, PAUL R.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 300 S FOURTH ST., STE. 1700		Amount of Each Receipt this Period
City LAS VEGAS	State NV	
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 2 0 0 . 0 0	

Full Name (Last, First, Middle Initial) B. FAISS, ROBERT D.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 2 0 0 . 0 0	

Full Name (Last, First, Middle Initial) C. FREDERICK, DAVID N.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above		Amount of Each Receipt this Period 4 6 1 5
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 2 7 6 9 0	

SUBTOTAL of Receipts This Page (optional).....▶	, 2 , 6 7 6 9 0
TOTAL This Period (last page this line number only).....▶	, 9 , 5 5 6 . 9 0

28059681609

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 11
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

Full Name (Last, First, Middle Initial)
A. JEAN, RODNEY M.

Mailing Address
300 S FOURTH ST., STE. 1700

City State Zip Code
LAS VEGAS NV 89101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lionel Sawyer & Collins Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,769.00

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
461.5

Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. TOUTON, TODD M.

Mailing Address
Same as above

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lionel Sawyer & Collins Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,769.00

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
461.5

Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. FERENBACH, CAM

Mailing Address
Same as above

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lionel Sawyer & Collins Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,769.00

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
461.5

Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)▶	830.70
TOTAL This Period (last page this line number only)▶	9,556.90

28039681610

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 11
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

A. LEMMONS, MARK

Full Name (Last, First, Middle Initial)
Mailing Address
300 S FOURTH ST., STE. 1700

City **LAS VEGAS** State **NV** Zip Code **89101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Lionel Sawyer & Collins** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
1000

Bi-weekly payroll deduction

B. LARSEN, PAUL E.

Full Name (Last, First, Middle Initial)
Mailing Address
Same as above

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Lionel Sawyer & Collins** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
2500

Bi-weekly payroll deduction

C. FULSTONE, LYNN S.

Full Name (Last, First, Middle Initial)
Mailing Address
Same as above

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Lionel Sawyer & Collins** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
2500

Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **3600**

TOTAL This Period (last page this line number only)..... ▶ **955690**

28039681611

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 11
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

A. REID, RORY J.
 Full Name (Last, First, Middle Initial)
 Mailing Address: **300 S FOURTH ST., STE. 1700**
 City: **LAS VEGAS** State: **NV** Zip Code: **89101**
 Date of Receipt:
 Amount of Each Receipt this Period: **2500**
 Bi-weekly payroll deduction
 Name of Employer: **Lionel Sawyer & Collins** Occupation: **Attorney**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: **1500.00**

B. MCGUIRE, DAN C.
 Full Name (Last, First, Middle Initial)
 Mailing Address: **Same as above**
 City: State: Zip Code:
 Date of Receipt:
 Amount of Each Receipt this Period: **2500**
 Bi-weekly payroll deduction
 Name of Employer: **Lionel Sawyer & Collins** Occupation: **Attorney**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: **1500.00**

C. WATSON, MATTHEW E.
 Full Name (Last, First, Middle Initial)
 Mailing Address: **Same as above**
 City: State: Zip Code:
 Date of Receipt:
 Amount of Each Receipt this Period: **2500**
 Bi-weekly payroll deduction
 Name of Employer: **Lionel Sawyer & Collins** Occupation: **Attorney**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: **1310.00**

SUBTOTAL of Receipts This Page (optional) ▶ **4310.00**
TOTAL This Period (last page this line number only) ▶ **9556.90**

28039681612

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 6 OF 11	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

Full Name (Last, First, Middle Initial) A. KENNEDY, TODD E.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 300 S FOURTH ST., STE. 1700		Amount of Each Receipt this Period
City LAS VEGAS	State NV	
Zip Code 89101		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6 5 0 0 0	

Full Name (Last, First, Middle Initial) B. COBURN, G. LANCE		Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above		Amount of Each Receipt this Period
City	State	
Zip Code		Amount of Each Receipt this Period 1 5 3 8
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9 2 2 8	

Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial) C. DAWSON, JOHN E.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above		Amount of Each Receipt this Period
City	State	
Zip Code		Amount of Each Receipt this Period 3 4 . 6 2
FEC ID number of contributing federal political committee. C		
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 0 7 . 7 2	

Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	9 5 0 . 0 0
TOTAL This Period (last page this line number only).....▶	9 5 5 6 . 9 0

28039681613

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 OF 11						
(check only one)								
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

Full Name (Last, First, Middle Initial) A. GIBSON III, FRED D.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 300 S FOURTH ST., STE. 1700		Amount of Each Receipt this Period 3 4 6 2	
City LAS VEGAS	State NV		Bi-weekly payroll deduction
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 4 6 2	
Name of Employer Lionel Sawyer & Collins	Occupation Attorney		Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 0 7 7 2		

Full Name (Last, First, Middle Initial) B. McCREA JR., CHARLES H.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address Same as above		Amount of Each Receipt this Period	
City	State		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Lionel Sawyer & Collins	Occupation Attorney		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6 5 0 0 0		

Full Name (Last, First, Middle Initial) C. GEMIGNANI, GREG R.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address Same as above		Amount of Each Receipt this Period	
City	State		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Lionel Sawyer & Collins	Occupation Attorney		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 2 0 0 0		

SUBTOTAL of Receipts This Page (optional).....▶	9 7 7 7 2
TOTAL This Period (last page this line number only).....▶	9 5 5 6 9 0

28039681614

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 8 OF 11	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

Full Name (Last, First, Middle Initial) A. SMITH, GREGORY E.			Date of Receipt M M / D D / Y Y Y Y
Mailing Address 300 S FOURTH ST., STE. 1700			Amount of Each Receipt this Period 3000
City LAS VEGAS	State NV	Zip Code 89101	
FEC ID number of contributing federal political committee. C			Bi-weekly payroll deduction
Name of Employer Lionel Sawyer & Collins		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 18000	

Full Name (Last, First, Middle Initial) B. KOTCHKA, MALANI L.			Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above			Amount of Each Receipt this Period 3000
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Bi-weekly payroll deduction
Name of Employer Lionel Sawyer & Collins		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 18000	

Full Name (Last, First, Middle Initial) C. THALACKER, LAURA			Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above			Amount of Each Receipt this Period 1538
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Bi-weekly payroll deduction
Name of Employer Lionel Sawyer & Collins		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6152	

SUBTOTAL of Receipts This Page (optional)..... ▶	42152
TOTAL This Period (last page this line number only)..... ▶	955690

28039681615

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 11

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

LIONEL SAWYER & COLLINS, PAC

Full Name (Last, First, Middle Initial)

A. SPEARS-HARTWELL, DOREEN

Mailing Address

300 S FOURTH ST., STE. 1700

City

LAS VEGAS

State

NV

Zip Code

89101

FEC ID number of contributing federal political committee.

C

Name of Employer

Lionel Sawyer & Collins

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6 1 5 2

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

1 5 . 3 8

Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)

B. HEBERLEE, BRENT R.

Mailing Address

Same as above

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Lionel Sawyer & Collins

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9 2 2 8

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

1 5 3 8

Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)

C. DOLAN, COLEEN A.

Mailing Address

Same as above

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Lionel Sawyer & Collins

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 7 7 2

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

3 4 . 6 2

Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶

3 6 1 . 5 2

TOTAL This Period (last page this line number only)..... ▶

9 5 5 6 9 0

28039681616

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 11

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

LIONEL SAWYER & COLLINS, PAC

<p>A. REASER, DAN R. Full Name (Last, First, Middle Initial)</p>		<p>Date of Receipt M M / D D / Y Y Y Y</p>
<p>Mailing Address 300 S FOURTH ST., STE. 1700</p>		<p>Amount of Each Receipt this Period 4 6 . 1 5</p>
<p>City LAS VEGAS State NV Zip Code 89101</p>		
<p>FEC ID number of contributing federal political committee. C</p>		<p>Bi-weekly payroll deduction</p>
<p>Name of Employer Lionel Sawyer & Collins</p>	<p>Occupation Attorney</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 2 7 6 . 9 0</p>	
<p>B. WILT, ALLEN J. Full Name (Last, First, Middle Initial)</p>		<p>Date of Receipt M M / D D / Y Y Y Y</p>
<p>Mailing Address Same as above</p>		<p>Amount of Each Receipt this Period 2 5 0 0</p>
<p>City State Zip Code</p>		
<p>FEC ID number of contributing federal political committee. C</p>		<p>Bi-weekly payroll deduction</p>
<p>Name of Employer Lionel Sawyer & Collins</p>	<p>Occupation Attorney</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 1 5 0 0 0</p>	
<p>C. BRYAN-HART, LESLIE Full Name (Last, First, Middle Initial)</p>		<p>Date of Receipt M M / D D / Y Y Y Y</p>
<p>Mailing Address Same as above</p>		<p>Amount of Each Receipt this Period 1 5 0 0</p>
<p>City State Zip Code</p>		
<p>FEC ID number of contributing federal political committee. C</p>		<p>Bi-weekly payroll deduction</p>
<p>Name of Employer Lionel Sawyer & Collins</p>	<p>Occupation Attorney</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 9 0 0 0</p>	

SUBTOTAL of Receipts This Page (optional).....▶	, , 5 1 6 . 9 0
TOTAL This Period (last page this line number only).....▶	, , 9 , 5 5 6 . 9 0

28039681617

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 11 OF 11	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

LIONEL SAWYER & COLLINS, PAC

A. Full Name (Last, First, Middle Initial) ETEM, CRAIG E.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 300 S FOURTH ST., STE. 1700		
City LAS VEGAS	State NV	Zip Code 89101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 5 3 8
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9 2 2 8	
		Bi-weekly payroll deduction

B. Full Name (Last, First, Middle Initial) ELICEQUI, SHAWN M.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 5 3 8
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9 2 2 8	
		Bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial) McKEAN, WILLIAM J.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address Same as above		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 5 3 8
Name of Employer Lionel Sawyer & Collins	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9 2 2 8	
		Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	, , 2 7 6 8 4
TOTAL This Period (last page this line number only).....▶	, , 9 5 5 6 9 0

28039681618

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE		OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

Full Name (Last, First, Middle Initial) A. Daskas for Congress		Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 1 2 0 0 8	
Mailing Address P.O. Box 91528		Amount of Each Disbursement this Period 1,000.00	
City Henderson	State NV		Category/ Type
Zip Code 89009			
Purpose of Disbursement Re-elect US Congress D-NV			
Candidate Name Robert Daskas			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NV	District:		

Full Name (Last, First, Middle Initial) B. Porter fo Congress		Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8	
Mailing Address P.O. Box 26087		Amount of Each Disbursement this Period 2,000.00	
City Las Vegas	State NV		Category/ Type
Zip Code 89126			
Purpose of Disbursement Re-elct US Congress R-NV			
Candidate Name Jon Porter			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NV	District:		

Full Name (Last, First, Middle Initial) C. Friends of Mark Warner		Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
Mailing Address 426 C Street, NE Rear Bldg.		Amount of Each Disbursement this Period 1,000.00	
City Washington	State DC		Category/ Type
Zip Code 20002			
Purpose of Disbursement Candidate for US Senate D-VA			
Candidate Name Mark Warner			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VA	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4,000.00
TOTAL This Period (last page this line number only).....▶	7,000.00

28039681619

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
LIONEL SAWYER & COLLINS, PAC

A. Full Name (Last, First, Middle Initial) Udall for US All		Date of Disbursement 0 3 / 1 8 / 2 0 0 8	
Mailing Address 426 C Street, NE Rear Bldg.		Amount of Each Disbursement this Period 1 0 0 0 . 0 0	
City	State		Zip Code
Washington	DC		20002
Purpose of Disbursement Candidate for US Seante D-NM			Category/ Type
Candidate Name Tom Udall			
Office Sought:	Disbursement For:		
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NM	District:		

B. Full Name (Last, First, Middle Initial) Udall for Colorado		Date of Disbursement 0 3 / 1 8 / 2 0 0 8	
Mailing Address 426 C Street, NE Rear Bldg.		Amount of Each Disbursement this Period 1 0 0 0 . 0 0	
City	State		Zip Code
Washington	DC		20002
Purpose of Disbursement Candidate for US Seante D-CO			Category/ Type
Candidate Name Mark Udall			
Office Sought:	Disbursement For:		
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO	District:		

C. Full Name (Last, First, Middle Initial) John McCain 2008		Date of Disbursement 0 3 / 2 6 / 2 0 0 8	
Mailing Address 5056 Kilburn St.		Amount of Each Disbursement this Period 1 0 0 0 . 0 0	
City	State		Zip Code
Alexandria	VA		22304
Purpose of Disbursement Candidate for US President			Category/ Type
Candidate Name John McCain			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3 0 0 0 . 0 0
TOTAL This Period (last page this line number only).....▶	7 0 0 0 . 0 0

28039681620

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
4/9/08

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 4/14/08
PREPARER **DATE PREPARED**
 (3/2005)

28039681621