

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

City of Henderson  
State of Nevada

Name (Print) Laurie Ann Robinson Mayor  
Office (if applicable)  
Mailing Address (include city and zip code) 1064 Pinewood Parkway Henderson, NV 89002  
District (if applicable) (702) 617-8814  
Telephone No.

E-Mail Address

Select Appropriate Box(es)  CANDIDATE  PAC  BAG  POL PRTY  IND EXP  AMENDED  ANNUAL FILING

- Report #1 Due — March 29, 2005  
Period: Jan. 1, 2005 - Mar. 24, 2005
- Report #2 Due — May 31, 2005  
Period: Mar. 25, 2005 - May 26, 2005
- Report #3 Due — July 15, 2005  
Period: May 27, 2005 - June 30, 2005
- Annual Filing - Due January 15, 2006  
Period: January 1, 2005 - December 31, 2005

For Office Use Only

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF HENDERSON, NV

JUL 15 10 12 AM '05

**CONTRIBUTIONS SUMMARY**

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less
3. Total Amount of Monetary Contributions Received  
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
zero	\$5,899.60
zero	335.00
zero	\$6,234.60
zero	

**EXPENSES SUMMARY**

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expense Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid  
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

zero	\$6,237.04
7.56	7.56
7.56	\$6,234.60

**AFFIRMATION**

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

Signature Laurie A Robinson

Date 7-15-05

**CAMPAIGN EXPENSES**

Report Period # **3**

*Laurie Ann Robinson Mayor*  
Name (print) Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100**  
**Transfer Total Amount of All Campaign Expenses to Line 5 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.305	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
<i>Wells Fargo Bank Portland, OR</i>	<i>J</i>	<i>May</i>	<i>\$7.56 acct. closed</i>

This page may be copied or duplicated if additional space is needed.

## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

---

**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (MAC 294A.043)**

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

**IN KIND CAMPAIGN  
CONTRIBUTIONS**

Report Period



*Laurie Ann Robinson*  
Name (print)

*None*  
Office (if applicable)

District (if applicable)

**IN KIND — None**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN

This page may be copied or duplicated if additional space is needed.

**IN KIND CAMPAIGN  
EXPENSES**

Report Period

**3**

*Lawrence Ann Robinson Mayer*  
Name (print) Office (if applicable)

District (if applicable)

**IN KIND** — *None*

**Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State  
NRS 294A 120, 294A 125,  
294A 140, 294A 150, 294A 180  
294A 200, 294A 210, 294A 220, 294A 360, 294A 382, 294A 395