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CITY OF HENDERSON

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**DEAN HELLER
SECRETARY OF STATE**

State of Nevada
2005

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

**Candidate
Acknowledgement**

I, AMANDA CYPHERS, hereby acknowledge receipt of the required forms and filing date schedule for the reporting of contributions and expenses pursuant to the Nevada Campaign Practices Act.

I understand that:

- I must file the prescribed reports by:
 - Report No. 1 - **March 29, 2005**
 - Report No. 2 - **May 31, 2005**
 - Report No. 3 - **July 15, 2005**
 - Annual Report - **January 15, 2006**
- A violation of the reporting of contributions and expenses is subject to a civil penalty of up to \$5,000 for **each** violation and payment of court costs and attorney's fees;
- I must file the required Contributions & Expenses Reports even though:
 - (1) I withdraw my candidacy;
 - (2) I have no opposition;
 - (3) I lose the primary;
 - (4) My name does not appear on either the primary or general election ballot;
 - (5) I am elected to office;
 - (6) I do not file a declaration of candidacy, but am a candidate as defined in NRS 294A.005 because I have received campaign contributions in excess of \$100; or
 - (7) I do not receive contributions and/or expend any funds (less the filing fee).
- **I UNDERSTAND THAT A MONETARY CIVIL PENALTY MAY BE ASSESSED TO ME FOR FAILURE TO TIMELY FILE THESE REPORTS. (NRS 294A.420)**
- **I UNDERSTAND THAT EACH REPORT MUST BE SIGNED UNDER PENALTY OF PERJURY. (NRS 294A.120, 294A.200)**


Signature

Received and Filed:

This _____ day of _____, 2005

Filing Officer

FILING OFFICER: This form is to be signed, detached and a copy is to be given to the candidate

Any questions? Please visit our website or contact this office at the following:

101 N. Carson Street, Suite 3; Carson City, NV 89701 • 775/684-5705 • www.sos.state.nv.us • nvelect@govmail.state.nv.us

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) AMANDA CYPHERS Office (if applicable) Henderson City Council ward one District (if applicable) _____
 Mailing Address (include city and zip code) 230 Valerian St. Henderson, NV 89015
 E-Mail Address amanda.cypfers@cox.net Telephone No. 702-565-5773

- Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP NONPROFIT CORP
 AMENDED ANNUAL FILING PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- Annual Filing - Due January 15, 2006**
 Period: January 1, 2005 – December 31, 2005
 Report #1 — Due August 8, 2006*
 Period: Jan. 1, 2006 — Aug 3, 2006
 Report #2 Due — October 31, 2006*
 Period: Aug. 4, 2006 — Oct. 26, 2006
 Report #3 Due — January 15, 2007/****
 Period: Oct. 27, 2006 — Dec. 31, 2006
 Annual Filing — Due January 15, 2007
 Period: January 1, 2006 – December 31, 2006

FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle
 ** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)
- Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)
- Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
- Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
0	0
0	0
0	0

- Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)
- Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)
- Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
0	0
0	0

interest income 53.51

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)
- Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)
- Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)
- Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
- Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)

15,792.65	—
2,364.38	—
18,157.03	—

0 | 0
20,879.25

AFFIRMATION

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

Signature Amanda M. Cyphers Date 1/11/06

CAMPAIGN CONTRIBUTIONS

Report Period **#A**

Amanda
Name (print)

Cyphers
Office (if applicable)

Henderson City Council
District (if applicable)

Ward One

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
<i>None</i>					

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WRITTEN COMMITMENTS

Report Period # A

AMANDA CYPHERS Hawthorn City Council Ward One
Name (print) Office (if applicable) District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
— NOW —		

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CAMPAIGN EXPENSES

Report Period # **A**

AMANDA CYPHERS
Name (print)

HENDERSON CITY COUNCIL
Office (if applicable)

WARD ONE
District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # **A**

AMANDA CYPHERS Henderson City Council WARD one
 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.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Committee to Elect Mike Paceni 653 Arroyo Way Boulder City, NV 89005	K/J	1/6/05	1,000 —
American Red Cross www.Redcross.org	K/J	1/14/05	1,000 —
Committee to Elect Diana Hampton 1704 Cypress Manor Dr. Henderson, NV 89012	K/J	1/18/05	2,500 —
Committee to Elect John Enseign P.O. Box 26568 Las Vegas, NV 89126	K/J	2/25/05	1,000 —
Committee to Elect Diana Hampton 1704 Cypress Manor Dr. Henderson, NV 89012	K/J	4/6/05	2,500 —
Friends for Grevi Schroder 537 Vantage Ave. Henderson, NV 89015	K/J	4/23/05	5,000 —
Glenn Schroder 537 Vantage Ave. Henderson, NV 89015	K/H	4/23/05	342.65
Henderson Community Foundation 2200 Paseo Verde Pkwy Henderson, NV 89052	K/J	5/30/05	2,000 —
Committee to Elect Diana Hampton 1704 Cypress Manor Dr. Henderson, NV 89012	K/J	6/1/05 7/26/05	3,750 ⁰⁰ -3,750 ⁰⁰

↑ loan only / reimbursed

CAMPAIGN EXPENSES

Report Period # **A**

AMANDA CYPHERS Henderson City Council WARD ONE
 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.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
MOA molausa.org	K/J	11/10/05	250 ⁰⁰
Safe House 921 American Pacific Dr. Henderson, NV 89014	K/J	12/1/05	200 ⁰⁰
- END -			

**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period # **A**

AMANDA CYPHERS Henderson City Council WARD ONE
 Name (print) Office (if applicable) District (if applicable)

IN KIND

**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
NONE				

IN KIND CAMPAIGN EXPENSES

Report Period

A

AMANDA CYPHERS
Name (print)

Henderson City Council
Office (if applicable)

WARD ONE
District (if applicable)

IN KIND

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
- NONE -			

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