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DEAN HELLER SECRETARY OF STATE

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State of Nevada 2005

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

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AMANDA	Cuphers	Henderson	City Corence	D Ward
Name (print)	Office (if applicable)	-	District (if applicable)	Ong

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
Nove					
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AMANDA CYPHERS Houseluson Cety Coruncil Ward Ong 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
- Noru -		

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Report Period

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AMANDA CYPHERS
Name (print)

HENDERSON CITY COUNCIL
Office (if applicable)

WARD ONF District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
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	Н
** 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)	К

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

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YPHERS Name (print)

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 Pacenie 653 arrayo Way Boulder City, NV 89005	K/J	1/6/05	1,000 —
american Rod Cross	K/J	1/14/05	1,000
Committee to Elect Dena Hompt 1704 Cypress Manor Di Henderson, NV 89012	on K/J	1/18/05	2,500 -
Committee to Elect John Ensign P.P. Box 26568 Las Vegas, NV 89126	K	2/25/05	1,000 -
Committee to Elect Diena Hamp 1704 Cypiess Manor De Henderson, NV 89012	ton KIJ	4/6/05	2,500
Friends for Gerischroder 537 Vantage Que Henderson, NV 89015	K/J	4/23/85	5,000 —
Glenn Schrodle 537 Vantege ave Henderson, NV 89015	K/H	4/23/05	342.65
Henderson Community Foundate 2200 Paseo Verale PKWy Henderson, NV 89052	ion K/J	5/30/05	2000 —
Committee to Elect Diana Has 1704 Cypiers Menor Dr Henderson, NV 89012	npton K/J	6/1/05	3,750 °° -3,750°°

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AMANDA CYPHERS Henderson City Council WARD ON 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 €
Safe House 921 american Pacific Dr. Henderson, NV 89014	KIT	12/1/05	2000-
- ENP -			

IN	KIND CAMPAIGN
CC	ONTRIBUTIONS

Report Period

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AMANOA	CYPHERS
Name (print)	

Henderson City Council
Office (if applicable)

VARIO ONE
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				
1				
			4,44	

IN KIND	CAMPAIGN
EXPENS	FS

Report	Period

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AMANDA	(VDHERS	Henderson	City	Council	MARO ONE
Name (print)		Office (if applicable)		CEUTIC	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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