CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

City of Las Vegas/State of Nevada

Name (print): Lisa Silver
Office (if applicable): Las Vegas Municipal Court
District (if applicable):
Mailing Address (include city and zip code): 400 E. Stewart Avenue
Telephone No.: 702.979.6584
E-Mail Address: asilver@lasvegasnevada.gov

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

☒ **Annual Filing – Due January 15, 2005**
Period: January 1, 2004 – December 31, 2004

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of $100	0	0
2. Total Monetary Contributions Received of $100 or Less	0	0
3. **Total Amount of Monetary Contributions Received** (Add Lines 1 and 2)	0	0
4. Total Value of In Kind Contributions Received in Excess of $100	0	0

EXPENSES SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
5. Total Monetary Expenses Paid in Excess of $100	0	0
6. Total Monetary Expenses Paid of $100 or Less	0	0
7. **Total Amount of All Monetary Expenses Paid** (Add Lines 5 and 6)	0	0
8. Total Value of In Kind Expenses in Excess of $100	0	0

RECEIVED
CITY CLERK
2005 JAN 21 P 4:34

AFFIRMATION

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

Signature: Lisa Silver
Date: 1.15.05

EL201.doc Revised: Jan-04

CAMPAIGN CONTRIBUTIONS

Report Period A

Name (print): Alida Silver

Office (if applicable):

District (if applicable):

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

RECEIVED
CITY CLERK
2005 JAN 21 P 4: 34

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

CAMPAIGN EXPENSES **Report Period** A

Abbi Silver

Name (print) Office (if applicable) 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

2005 JAN 21 P 4:34
RECEIVED
CITY CLERK

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

CAMPAIGN EXPENSES **Report Period** **A**

Name (print): Abbi Silver

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

RECEIVED
CITY CLERK
2005 JAN 21 P 4: 34

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

IN KIND CAMPAIGN CONTRIBUTIONS

Report Period A

Name (print): Abbi Silver

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

RECEIVED CITY CLERK 2005 JAN 21 P 4: 34

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

IN KIND CAMPAIGN EXPENSES

Report Period A

Name (print) Hilda Silver

Office (if applicable)

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

RECEIVED CITY CLERK 2005 JAN 21 P 4:34

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.160
294A.200, 294A.210, 294A.220, 294A.362