CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT — State of Nevada

Peggie M. Williams — Assembly — 1

Name (print) — Office (if applicable) — District (if applicable)

3665 N. Jones Blvd. — 595 1096

Mailing Address (include city and zip code) — Telephone No.

E-Mail Address

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

☐ **Annual Filing - Due January 15, 2004**
Period: January 1, 2003 – December 31, 2003

☐ **Report #1 — Due August 31, 2004**

Incumbents in an Office with a 4-year term	Period:	Jan. 5, 2001 — Aug 26, 2004
Incumbents in an Office with a 6-year term	Period:	Dec. 20, 1998 — Aug 26, 2004
All others	Period:	Jan. 1, 2004 – Aug. 26, 2004
Ballot Advocacy Groups (BAGs) only:	Period:	Dec. 5, 2002 – Aug 26, 2004

☐ **Report #2 Due — October 26, 2004**
Period: Aug. 27, 2004 — Oct. 21, 2004

☒ **Report #3 Due — January 15, 2005***
Period: Oct. 22, 2004 — Dec. 31, 2004
BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

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

*** Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2**

FOR OFFICE USE ONLY

RECEIVED CLARK COUNTY ELECTION DEPT. 2004 AUG 18 A 9:54

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		none
2. Total Monetary Contributions Received of $100 or Less		none
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)		0
4. Total Value of In Kind Contributions Received in Excess of $100	0	

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of $100		none
6. Total Monetary Expenses Paid of $100 or Less		none
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	

AFFIRMATION

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

Peggie Williams

Signature — Date

CAMPAIGN CONTRIBUTIONS Report Period #3

Peggie M. Williams — Name (print) | Assembly — Office (if applicable) | 1 — 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 3 of Contributions Summary

Contributor's Name and Address	Date of Each Contribution	Amount of Each Contribution	Check Here If Loan
	not applicable		
I choose to accept no contributions			

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CAMPAIGN EXPENSES **Report Period** #3

Peggie M. Williams Assembly

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

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

CAMPAIGN EXPENSES **Report Period** #3

Peggie Williams — Name (print) ▶
Assembly — Office (if applicable)
1 — District (if applicable)

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 9 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
	not applicable		
I do			
not			
accept			
any			
contributions			

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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. (NAC 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 #3

Peggie Williams — Name (print) | Assembly — Office (if applicable) | 1 — 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 8 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
	not applicable			
I choose to accept no contributions				

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IN KIND CAMPAIGN EXPENSES

Report Period #3

Peggie Williams — Name (print)

Assembly — Office (if applicable)

1 — District (if applicable)

IN KIND

Expenses in Excess of $100

Transfer Total Value of All In-Kind Campaign Expenses to Line 13 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
I do hope to accept no contributions	not applicable		

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Prescribed by Secretary of State
NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160

EL201.doc

Revised: Jan-04