CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

EDUCATION SUPPORT EMPLOYEES ASSOCIATION TIP
Name (print) | Office (if applicable) | District (if applicable)

3505 E. FLAMINGO RD, SUITE 2; LAS VEGAS, NV 89121
Mailing Address (include city and zip code) | Telephone No. (702) 794-2537

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**

FILE
JAN 11 2005
DEAN HELLER
SECRETARY OF STATE
FOR OFFICE USE ONLY

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	1,752.30	28,992.06
2. Total Monetary Contributions Received of $100 or Less	12.29	59.80
3. **Total Amount of Monetary Contributions Received** (Add Lines 1 and 2)	1,764.59	29,051.86
4. Total Value of In Kind Contributions Received in Excess of $100	0	0

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of $100	62,500.00	83,500.00
6. Total Monetary Expenses Paid of $100 or Less	—	3.00
7. **Total Amount of All Monetary Expenses Paid** (Add Lines 5 and 6)	62,500.00	83,503.00
8. Total Value of In Kind Expenses in Excess of $100	0	0

AFFIRMATION

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

Signature: [signature] Date: 1-4-05

CAMPAIGN EXPENSES **Report Period** # 2

EDUCATION SUPPORT EMPLOYEES ASSOCIATION TIP
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
GEOFFREY VANDERPAL 7251 W. LAKE MEAD BLVD #300 LAS VEGAS, NV 89128	L	9/29/04	$1,500.00
HARVEY MUNFORD 809 SUNNY PLACE LAS VEGAS, NV 89106	L	9/29/04	$1,500.00
JOE HECK 1769 HARPSICHORD WAY HENDERSON, NV 89012	L	9/29/04	$1,500.00
JOE HOGAN 2208 PLAZA DE LA CANDELA LAS VEGAS, NV 89102	L	9/29/04	$1,500.00
JOHN HAWK 1366 TRANQUIL SKIES AVE. HENDERSON, NV 89012	L	9/29/04	$500.00
KIRK KAPLAN 7835 GEYSER HILL LN. LAS VEGAS, NV 89147	L	9/29/04	$2,000.00
RUTH JOHNSON	L	9/29/04	$2,000.00
SHIRLEY BARBER 1308 ROBIN ST. LAS VEGAS, NV 89106	L	9/29/04	$2,000.00
STEVEN HORSFORD 1306 W. CRAIG RD E-310 N. LAS VEGAS, NV 89032	L	9/29/04	$1,500.00
SUSAN GERHARDT 2245 N. GREEN VALLEY PKWY #512 HENDERSON, NV 89014	L	9/29/04	$2,000.00

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CAMPAIGN CONTRIBUTIONS **Report Period** # 2

EDUCATION SUPPORT EMPLOYEES ASSOCIATION TIP

Name (print) 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
NSEA TIP 1890 DONALD STREET RENO, NV 89502	9/29/04	$1,752.30	

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CAMPAIGN EXPENSES Report Period #2

EDUCATION SUPPORT EMPLOYEES ASSOCIATION TIP

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
KELVIN ATKINSON 5631 INDIAN SPRINGS ST. N. LAS VEGAS, NV 89031	L	9/29/04	$2,000.00
MARCUS CONKLIN 1600 PALMAE WAY LAS VEGAS, NV 89128	L	9/29/04	$2,000.00
MARILYN KIRKPATRICK 4747 SHOWDOWN DR. N. LAS VEGAS, NV 89031	L	9/29/04	$2,000.00
MARK MANENDO 3400 CABANA DR #2039 LAS VEGAS, NV 89122	L	9/29/04	$1,500.00
MIKE SCHNEIDER 6381 SANDPIPER WAY LAS VEGAS, NV 89103	L	9/29/04	$1,500.00
MOISES DENIS 3204 OSAGE AVE LAS VEGAS, NV 89101	L	9/29/04	$1,500.00
MORSE ARBERRY 5300 W. SPRING MTN RD. #104 LAS VEGAS, NV 89146	L	9/29/04	$2,000.00
PEGGY PIERCE 5304 GIPSY AVE LAS VEGAS, NV 89107	L	9/29/04	$1,500.00
RICHARD PERKINS 328 FIFE ST. HENDERSON, NV 89015	L	9/29/04	$2,000.00
VALERIE WIENER 3540 W. SAHARA AVE #352 LAS VEGAS, NV 89102	L	9/29/04	$1,500.00
WILLIAM HORNE 2251 N. RAMPART BLVD #357 LAS VEGAS, NV 89128	L	9/29/04	$1,500.00
CAREN LEVENSON 2680 COOPER COVE DR. HENDERSON, NV 89074	L	9/29/04	$1,500.00
DENISE BRODSKY	L	9/29/04	$2,000.00

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CAMPAIGN EXPENSES **Report Period** # 2

EDUCATION SUPPORT EMPLOYEES ASSOCIATION TIP

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
DIRECT CONTRIBUTIONS	L

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

CAMPAIGN EXPENSES Report Period # 2

EDUCATION SUPPORT EMPLOYEES ASSOCIATION TIP

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
BARBARA BUCKLEY 5442 HOLBROOK DR. LAS VEGAS, NV 89103	L	9/29/04	$2,000.00
CHRIS GIUNCHIGLIANI 706 BRACKEN AVE LAS, VEGAS, NV 89104	L	9/29/04	$2,000.00
DAVID PARKS 1700 GABRIEL DR. LAS VEGAS, NV 89119	L	9/29/04	$2,000.00
DINA TITUS 1637 TRAVOIS CIR. LAS VEGAS, NV 89119	L	9/29/04	$2,000.00
ELLEN KOIVISTO 1147 TIMBER RIDGE CT. LAS VEGAS, NV 89110	L	9/29/04	$2,000.00
GENIE OHRENSCHALL 1124 S. 15TH. ST. LAS VEGAS, NV 89104	L	9/29/04	$1,500.00
HARRY MORTENSEN 3930 EL CAMINO Rd. LAS VEGAS, NV 89103	L	9/29/04	$1,500.00
JERRY CLABORN 6617 NETWORK CIR. LAS VEGAS, NV 89156	L	9/29/04	$1,500.00
JOE HARDY 833 NEVADA WAY, SUITE 3B BOULDER CITY, NV 89005	L	9/29/04	$1,500.00
JOHN LEE 1340 BORDERWOOD LN. N. LAS VEGAS, NV 89031	L	9/29/04	$2,000.00
JOHN OCEGUERA 4560 EL CAMPANA WAY LAS VEGAS, NV 89121	L	9/29/04	$2,000.00
KATHY MCCLAIN 2457 SWAN LN. LAS VEGAS, NV 89121	L	9/29/04	$2,000.00
JUSTIN JONES 9360 W. FLAMINGO RD. SUITE 100-441 LAS VEGAS, NV 89147	L	9/29/04	$2,000.00

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