

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Name (print) JOE PITTS Office (if applicable) Assembly District (if applicable) 21  
 Mailing Address (include city and zip code) 86 MEGAN DR Henderson NV 89014 Telephone No. 361-4455  
 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

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**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	426.01	973.73
2. Total Monetary Contributions Received of \$100 or Less	0	100
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	426.01	1073.73
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	286.22	440.88
6. Total Monetary Expenses Paid of \$100 or Less	135.79	404.19
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	426.9	845.07
8. Total Value of In Kind Expenses in Excess of \$100	0	0

Total spent period #1 + 2 = 973.73

**AFFIRMATION**

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

Signature Joe Pitts

Date 10.25.04



**CAMPAIGN EXPENSES**

Report Period # 2

Joe Pitts  
Name (print)

Assembly  
Office (if applicable)

21  
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 CONTRIBUTIONS

Report Period #2

Name (print) Joe Pitts Office (if applicable) 8559 District (if applicable) 21

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
<u>Joe Pitts</u> <u>86 MEYAN</u> <u>HENDERSON W.</u>	<u>9.17.04</u>	<u>2.55</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>9.18.04</u>	<u>38.57</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>9.18.04</u>	<u>15.02</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>9.21.04</u>	<u>12.88</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>9.21.04</u>	<u>43.00</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>10.11.4</u>	<u>3.10</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>10.12.4</u>	<u>16.00</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>10.12.4</u>	<u>118.26</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>10.13.4</u>	<u>5.57</u>	<input type="checkbox"/>
<u>u</u>	<u>10.16.4</u>	<u>3.10</u>	<input checked="" type="checkbox"/>
<u>u</u>	<u>10.21.4</u>	<u>167.96</u>	<input type="checkbox"/>

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CAMPAIGN EXPENSES

Report Period # 2

Name (print) Joe Pitts

Office (if applicable) Assy

District (if applicable) 21

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
KMARX 3700 SUNSET W. W.	A	9.17.04	2.55
OFFICE MAX 2100 E. SENECA W. W.	A	9.18.04	38.57
OFFICE MAX 2100 E. SENECA W. W.	A	9.18.04	15.02
TARGET 9000 EASTON W. W.	A	9.21.04	12.88
OFFICE MAX 2100 E. SENECA W. W.	A	9.21.04	43.00
OFFICE MAX 2100 E. SENECA W. W.	A	10.11.04	3.10
CLARK CENTER 300 GRAND CENTRAL W. W.	A	10.12.04	16.00
OFFICE MAX 549 STEPHANIE HARRISON, W.	A	10.12.04	118.26
7-11 6900 VILLE UNDER HARRISON, W.	A	10.13.4	8.57
OFFICE MAX 2100 E. SENECA W. W.	A	10.16.04	3.10
JOE PITTS AUTO TRAVEL EXP TO MOGON, HERR.	C	10.21.04	167.96

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