

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Geoffrey Vandevpal State Assembly A.D. 2
 Name (print) Office (if applicable) District (if applicable)
 7251 W. Lake Mead Blvd, Ste 300, Las Vegas, NV 89128
 Mailing Address (include city and zip code) Telephone No.
 Better Nevada @ AOL.com 702-383-5092
 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
 AUG 16 2004
 Certified
 DEAN HELLER
 SECRETARY OF STATE
 FOR OFFICE USE ONLY

CONTRIBUTIONS SUMMARY

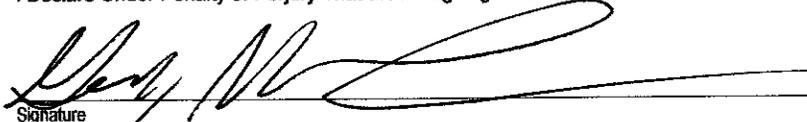
| | This Period | Cumulative From Beginning of Report Period #1 through End of This Reporting Period |
|------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------|
| 1. Total Monetary Contributions Received in Excess of \$100 | 25,006.11 | |
| 2. Total Monetary Contributions Received of \$100 or Less | 0 | 0 |
| 3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2) | 25,006.11 | |
| 4. Total Value of In Kind Contributions Received in Excess of \$100 | 0 | |

EXPENSES SUMMARY

| | |
|-------------------------------------------------------------------|-----------|
| 5. Total Monetary Expenses Paid in Excess of \$100 | 22,626.67 |
| 6. Total Monetary Expenses Paid of \$100 or Less | 156.05 |
| 7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6) | 22,782.72 |
| 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.


 Signature Date

CAMPAIGN CONTRIBUTIONS

Report Period # 1

Geoffrey Vandervel State Assembly 2
 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 |
|---------------------------------------------------------------------------------|---------------------------|-----------------------------|--------------------|
| Geoffrey Vandervel 451 Crestdale Ln Las Vegas NV 89149 | 7/15/04 | 10,000 | ✓ |
| Geoffrey Vandervel 451 Crestdale Ln Las Vegas NV 89149 | 5/4/04 | 1,000 | ✓ |
| Robert Vandervel 8325 W. Deer Springsway Las Vegas, NV 89149 | 7/20/04 | 1,000. | |
| NV State Education Assoc 1890 Donald St. Reno, NV 89502 | 7/15/04 | 1,000. | |
| NV-Professional Firefighters 2101 Turquoise Ridge St. Las Vegas, NV 89117 | 6/28/04 | 500. | |
| Mari F. Palash 25 Southampton Ct Newport Beach, CA 92660 | 7/23/04 | 1,000 | |
| Christopher Cunanan 4457 Las Vegas Blvd #68 Las Vegas NV 89123 | 8/7/04 | 206.11 | |
| James Small CFP 8713 Wingship Ct Las Vegas NV 89129 | 7/2/04 | 300. | |
| Geoffrey Vandervel 451 Crestdale Ln Las Vegas, NV 89149 | 5/21/04 | 4,000. | ✓ |
| Geoffrey Vandervel 451 Crestdale Ln Las Vegas NV 89149 | 5/27/04 | 1,000. | ✓ |
| Geoffrey Vandervel 451 Crestdale Ln Las Vegas, NV 89149 | 6/1/04 | 5,000. | ✓ |
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Geoffrey Vandeval
Name (print)

State Assembly
Office (if applicable)

2
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 |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------|------------------------|
| NEVADA Flyers, INC 5643 W. CHARLESTON BLVD LAS VEGAS, NV 89146 | D | 8/4/04 | 1,568.73 |
| UNITED SIGNS, INC. 5234 S. PROCTON LAS VEGAS, NV 89118 | D | 7/14/04 | 3,450.00 |
| NEVADA Flyers, INC 5643 W. CHARLESTON BLVD LAS VEGAS, NV 89146 | D | 7/14/04 | 8,360.00 |
| UNITED SIGNS, INC. 5234 S. PROCTON LAS VEGAS, NV 89118 | D | 6/7/04 | 4,127.32 |
| NEVADA Flyers, INC 5643 W. CHARLESTON BLVD LAS VEGAS, NV 89146 | D | 5/28/04 | 2,000 |
| UNITED SIGNS, INC. 5234 S. PROCTON LAS VEGAS, NV 89118 | D | 5/27/04 | 3,121.12 |
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