

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT** State of Nevada

CWA COPE PCC  
 Name (print) \_\_\_\_\_ Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
 Mailing Address (include city and zip code) 501 Third Street, NW Washington DC 20001 Telephone No. 202-434-1323  
 E-Mail Address kwest@cwa-union.org

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

**FILED #** *[Signature]*  
**SEP 13 2004**  
 IN THE OFFICE OF  
*Dean Heller*  
**DEAN HELLER, SECRETARY OF STATE**  
 FOR OFFICE USE ONLY

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

**CONTRIBUTIONS SUMMARY**

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
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1. Total Monetary Contributions Received in Excess of \$100	1160.00	1160.00
2. Total Monetary Contributions Received of \$100 or Less	1644.50	1644.50

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	2804.50	2804.50
4. Total Value of In Kind Contributions Received in Excess of \$100	0.00	0.00

**EXPENSES SUMMARY**

5. Total Monetary Expenses Paid in Excess of \$100	1000.00	1000.00
6. Total Monetary Expenses Paid of \$100 or Less	0.00	0.00
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	1000.00	1000.00
8. Total Value of In Kind Expenses in Excess of \$100	0.00	0.00

**AFFIRMATION**

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

*Barbara Jasterling*

Signature \_\_\_\_\_ Date 8/25/04



# Contributors Report for Nevada 1/04-8/04

Last Name	First	Address	City	State	Zip	Sum of Amount
BENWAY JR	CHARLE		SPARKS	NV	89431-3830	\$112.00
FOX	SHERI		RENO	NV	89506-8077	\$120.00
GALPIN	CAMERO		RENO	NV	89512-1468	\$120.00
HICKS	MICHAE		SPARKS	NV	89431-3264	\$140.00
MATOSSIAN	CRISTIN		RENO	NV	89523	\$144.00
MEYER	BRUCE		DAYTON	NV	89403-8608	\$104.00
SORENSON	ELIZABE		RENO	NV	89511-6077	\$280.00
WELLING	BARBAR		SPARKS	NV	89434-1668	\$140.00
<b>Total:</b>						<b>\$1,160.00</b>

**CWA COPE PCC**

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.**

