CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) BRISTLECONE PAC

Office (if applicable)

Mailing Address (include city and zip code) 1637 TRAVOIS CIR LV NV 89119

District (if applicable)

E-Mail Address

Telephone No. 702-798-8348

921

Select Appropriate Box(es) ☐ CANDIDATE ☑ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP

☐ AMENDED ☑ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

☑ **Annual Filing – Due January 15, 2006**
Period: January 1, 2006 – December 31, 2006

☐ **Report #1 — Due August 8, 2006***
Period: Jan. 1, 2006 — Aug 3, 2006

☐ **Report #2 Due — October 31, 2006***
Period: Aug. 4, 2006 — Oct. 26, 2006

☐ **Report #3 Due — January 15, 2007**/****
Period: Oct. 27, 2006 — Dec. 31, 2006

☐ **Annual Filing – Due January 15, 2007**
Period: January 1, 2006 – December 31, 2006

FILED
JAN 17 2006
NSB
SECRETARY OF STATE

* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle
** Third Report suffices for 2007 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 |
|---|---|---|
| 1. Total Monetary Contributions Received in Excess of $100 (See page 1 of instruction sheet) | 1832.52 | 1832.52 |
| 2. Total Monetary Contributions Received of $100 or Less (See page 2 of instruction sheet) | — | — |
| 3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet) | — | — |
| 4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet) | — | — |

| | This Period | Cumulative From Beginning of Report Period #1 Through End of This Reporting Period |
|---|---|---|
| 5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet) | 1832.52 | 1832.52 |
| 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet) | — | — |
| 7. Total Value of In Kind Contributions Received in Excess of $100 (See page 2 of instruction sheet) | — | — |

## EXPENSES SUMMARY

| | | |
|---|---|---|
| 8. Total Monetary Expenses Paid in Excess of $100 (See page 2 of instruction sheet) | 21,750 | 21,750 |
| 9. Total Monetary Expenses Paid of $100 or Less (See page 2 of instruction sheet) | 265 | 265 |
| 10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet) | 22,015 | 22015 |
| 11. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet) | — | — |
| 12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet) | — | — |

## AFFIRMATION

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

Signature [signature] Date Jan 15, 05

EL201.doc

Revised: Sep-05



775-329-1955 p.1
CAPITAL STRATEGIES

## CAMPAIGN CONTRIBUTIONS

Report Period # 1

BRISTLECONE PAC
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 | Name and Address of 3rd Party if Loan Guaranteed by 3rd Party | Name and Address of Person Who Forgave the Loan, if Different Than Contributor |
|---|---|---|---|---|---|
| NV STATE HEALTH UNDERWRITERS PAC PO BOX 96235 LV NV 89193 | 1-5-05 | 1000 | | | |
| SAM FOR ASSEMBLY 6100 ELTON AVE #1000 LV NV 89107 | 7-21-05 | 832.52 | | | |
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**CAMPAIGN EXPENSES**

Report Period # 1

BRISTLECONE PAC
Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of $100**
**Transfer Total Amount of All Campaign Expenses to Line 8 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 |
|---|---|---|---|
| Titus for State Senate 1637 Harris Cir LV NV 89119 | J | 1-3-05 | 10,000 |
| Andres Ramirez for Mayor 4001 Chino Cloud Dr. N. LV, NV 89031 | J | 4-12-05 | 250 |
| Caucus City Dem. Party 514 Simons St CC NV 89703 | J | 5-16-05 | 100 |
| Friends for Dina Titus P.O. Box 72306 LV NV 89119 | J | 6-10-05 | 10,000 |
| UNLV Young Democrats 1325 E. Vegas Valley LV NV 89109 | J | 7-17-05 | 100 |
| Clark Co. Dem. Party 1325 E. Vegas Valley LV NV 89109 | J | 10-21-05 | 900 |
| Washoe Co. Dem. Party 330 E. Liberty #100 Reno, NV 89502 | J | 12-8-05 | 300 |
| Joella Brown for Assembly 225 Autumn Hills Rd Gardnerville, NV 89460 | J | 12-28-05 | 100 |
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