

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Cindy Reid State Board of Education 4
 Name (print) Office (if applicable) District (if applicable)
 6100 Elton Ave., Suite 1000, Las Vegas, NV 89107 (702) 384-1120
 Mailing Address (include city and zip code) Telephone No. 222-98

E-mail Address

Select Appropriate Box(es) CANDIDATE PAC POL PRTY IND EXP NONPROFIT CORP
 LEGAL DEFENSE FUND AMENDED

- Annual Filing - Due January 15, 2009**
Period: January 1, 2008 - December 31, 2008
- Report #1 - Due March 31, 2009***
Period: Jan. 1, 2009 - March 26, 2009
- Report #2 Due - May 26, 2009***
Period: Mar. 27, 2009 - May 21, 2009
- Report #3 Due - July 15, 2009***
Period: May 22, 2009 - June 30, 2009
- Annual Filing - Due January 15, 2010**
*Period: July 1, 2009 - December 31, 2009
**Period: Jan. 1, 2009 - December 31, 2009

FILED *AF*
 JAN 15 2010
 SECRETARY OF STATE
 FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2009 election cycle
 ** These Reports are filed by incumbents not running for office this cycle who: (1) raised contributions in excess of \$100; or (2) have money left over from a previous campaign

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)	0.00	0.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	0.00	0.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0.00	0.00
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0.00	0.00

	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)	0.00	0.00
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)	0.00	0.00
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0.00	0.00

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	1,859.59	1,859.59
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	0.00	0.00
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	1,859.59	1,859.59
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0.00	0.00
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15 th day of the second month after candidates defeat or Incumbent does not run for reelection) (See page 3 of instruction sheet)		0.00

AFFIRMATION

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

Signature *Cindy Reid*

Date 1/11/09

CAMPAIGN CONTRIBUTIONS

Report Period # A

Cindy Reid

State Board of Education

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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

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Cindy Reid

State Board of Education

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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 otherwise have been paid	I
Other miscellaneous expenses	J

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

Cindy Reid

State Board of Education

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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
JLK & Associates 6100 Elton Ave. Suite 1000 Las Vegas, NV 89107	A	6/23/2009	325.00
Reid for Nevada 6100 Elton Ave. Suite 1000 Las Vegas, NV 89107	J	12/23/2009	1,534.59