

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Mike Schneider Office (if applicable) STATE SENATE District (if applicable) DIST. 11
Mailing Address (include city and zip code) 6381 SANDPIPER WAY Telephone No. (702) 876-5121

E-Mail Address

Select Appropriate Box(es) [X] CANDIDATE [ ] PAC [ ] POL PRY [ ] IND EXP [ ] NONPROFIT CORP [ ] LEGAL DEFENSE FUND [ ] AMENDED [ ] LOCAL BAG

27083

- [X] Annual Filing - Due January 15, 2010
[ ] Report #1 - Due June 1, 2010\*
[ ] Report #2 Due - October 26, 2010\*
[ ] Report #3 Due - January 15, 2011\*\*
[X] Annual Filing - Due January 15, 2011

FILED
JAN 18 2011
4:05 PM

SECRETARY OF STATE

\* These Reports are filed by incumbents/candidates in the 2010 election cycle
\*\* Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

- 1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions in the form of loans guaranteed by a third party.
3. Total Monetary Contributions in the form of loans that were forgiven

Table with columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Values: 28,000, 28,000, 0, 0, 0, 0.

- 4. Total Amount of Monetary Contributions Received
5. Total Amount of Written Commitments for Contributions
6. Total Value of In Kind Contributions Received in Excess of \$100

Table with columns: This Period, Cumulative From Beginning of Report Period #1 Through End of This Reporting Period. Values: 28,000, 28,000, 0, 0.

EXPENSES SUMMARY

- 7. Total Monetary Expenses Paid in Excess of \$100
8. Total Value of In Kind Expenses in Excess of \$100

Table with columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Values: 43,100, 43,100.

AFFIRMATION

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

Signature Mike Schneider

Date 1-17-11

CAMPAIGN CONTRIBUTIONS

Report Period

#

Mike Schneider

Name (print)

Office (if applicable)

Dist. 11

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 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Astellast Pharma Three Parkway N. Dearfield, CO 80155	9-15-10	1,000 <sup>-</sup>			
ARDA 1201 15th NW #400 Washington, DC 20005	4-10-10	2,000 <sup>-</sup>			
Valley Elec. Assoc. 800 E. Highway 370 Hickory, N.C. 27641	2-15-10	1,000 <sup>-</sup>			
Manufacturers Home Community Councils 4055 Splendor St. St. Louis, MO 63119	10-15-10	1,500 <sup>-</sup>			
Consumer Funding 92 ROYSTON DR. Chapel Hill, N.C.	10-15-10	1,000 <sup>-</sup>			
Community Bonds of America 3601 Peach Atlanta, GA 30350	9-25-10	2,000 <sup>-</sup>			
Self Insurers Assn 175 E. Reno #C-9 Las Vegas, NV	9-30-10	1,000 <sup>-</sup>			
American Share Cos. 5656 Frantz Rd. Dublin, OH 43017	12-10-10	1,500 <sup>-</sup>			
CSL, Inc. 6150 S. Virginia St. Reno, NV 89502	12-15-10	1,000 <sup>-</sup>			
Oasis Fertil Finner 40 N. Skokie Blvd. Northbrook, IL 60062	1-3-11	1,250 <sup>-</sup>			
Preferred Capital 411 E. Bonanza Ave. Las Vegas 89101	1-3-11	1,250 <sup>-</sup>			
Select Management 3440 Preston Ridge Alpharetta, GA 30007	1-5-11	2,500 <sup>-</sup>			
Vintage Ice Cream 520 S. 4th Las Vegas 89101	1-5-11	5,000 <sup>-</sup>			
New-Corn 412 E. Girardin Rd. North Las Vegas 89032	1-4-11	1,000 <sup>-</sup>			
Robert E. Eick 1120 Boulder Hwy Henderson, NV	8-30-11	5,000 <sup>-</sup>			

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WRITTEN COMMITMENTS

Report Period #

Name (print) Mike Schneider Office (if applicable) District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100  
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

Table with 3 columns: NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT, DATE OF EACH COMMITMENT, AMOUNT OF EACH COMMITMENT. The table is mostly empty with a diagonal line drawn through it.

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CAMPAIGN EXPENSES

Report Period #

Name (print) Mike Schneider

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

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

CAMPAIGN EXPENSES

Report Period #   

Mike Schneider State Sen. Dist. 11  
 Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$100  
 Transfer Total Amount of All Campaign Expenses to Line 7 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
Aaron Ford, (Campaign)	H	5-26-10	1,000 <sup>-</sup>
(Campaign) Marilyn Donders - Prop	H	3-24-10	1,000 <sup>-</sup>
Senate Democrats	H	1-1-11 4-13-10	5,000 <sup>-</sup> 5,000 <sup>-</sup>
Benny Y. (Campaign)	H	5-19-10	1,000 <sup>-</sup>
Chris "Gim" (Campaign)	H	5-27-10	100 <sup>-</sup>
Tammy Peterson (Campaign)	H	10-18-10 9-19-10 5-26-10	2,000 <sup>-</sup> 3,500 <sup>-</sup> 1,000 <sup>-</sup>
Benny Y. (Campaign)	H	5-26-10	1,000 <sup>-</sup>
Kate Marshall (Campaign)	H	5-27-10	250 <sup>-</sup>
Sen. Dems. Campaign Signs	D	6-21-10	4,000 <sup>-</sup>
(Campaign) Mark Manuolo	H	8-12-10	1,000 <sup>-</sup>
(Campaign) Joyce Woodhouse	H	3-1-10 8-23-10	5,000 <sup>-</sup> 5,000 <sup>-</sup>
Rory Reid (Campaign)	H	10-4-10	250 <sup>-</sup>
Costco	B	11-1-10	1,250 <sup>-</sup>
<del>Visa</del> Visa - (Wesl)	C	6-30-10	2,000 <sup>-</sup>
Visa - (Auto Travel)	C	12-31-10	2,500 <sup>-</sup>

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## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

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**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

*Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

*Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*





IN KIND CAMPAIGN EXPENSES

Report Period #

Name (print) Mike Schneider Office (if applicable) STATE SENATE District (if applicable) Dist. 11

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

Table with 4 columns: NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S); DESCRIPTION OF EACH IN KIND EXPENSE; DATE OF EACH IN KIND EXPENSE; VALUE OR COST OF EACH IN KIND EXPENSE. The table is mostly empty with a diagonal line drawn through it.

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160, 294A.200, 294A.210, 294A.220, 294A.362