

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) JOHN CARPENTER Office (if applicable) Assembly #33 #REF! District (if applicable)

Mailing Address (include city and zip code) P.O. Box 190 Elko Nev. 89803 Telephone No. 703-738-9861  
 E-Mail Address \_\_\_\_\_

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

- Annual Filing - Due January 15, 2010  
Period: January 1, 2009 - December 31, 2009
- Report #1 - Due June 1, 2010\*  
Period: Jan. 1, 2010 - May 27, 2010
- Report #2 - Due October 26, 2010\*  
Period: May 28, 2010 - Oct. 21, 2010
- Report #3 - Due January 15, 2011\*\*  
Period: Oct. 22, 2008 - Dec. 31, 2010
- Annual Filing - Due January 15, 2011  
Period: Jan. 1, 2010 - Dec. 31, 2010

*Cert Mail*  
**FILED**  
 OCT 22 2010  
*K. Rust*  
 SECRETARY OF STATE  
 ELECTIONS DIVISION  
 FOR OFFICE USE ONLY

\* These Reports are filed by incumbents/candidates running for office 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 in Excess of \$100  
(See page 1 of instruction sheet)
- 2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
- 3. 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
0	
	-
	-

- 4. Total Amount of Monetary Contributions Received  
(Add Lines 1 through 4) (See page 2 of instruction sheet)
- 5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))  
(See page 2 of instruction sheet)
- 6. Total Value of In Kind Contributions Received in Excess of \$100. (See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
<i>Unspent \$ 15,260.40</i>	

EXPENSES SUMMARY

- 7. Total Monetary Expenses Paid in Excess of \$100  
(See page 2 of instruction sheet)
- 8. Total Value of In Kind Expenses in Excess of \$100. (See page 3 of instruction sheet)

<i>7762.00</i>
<i>Unspent \$ 7494.40</i>

AFFIRMATION

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

Signature *John Carpenter* Date *Oct. 22, 2010*

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses <span style="float: right; margin-right: 50px;"><i>\$3000<sup>00</sup></i></span>	A
Expenses related to volunteers	B
Expenses related to travel <span style="float: right; margin-right: 50px;"><i>\$412<sup>00</sup></i></span>	C
Expenses related to advertising <span style="float: right; margin-right: 50px;"><i>\$1600<sup>00</sup></i></span>	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 - <i>Non-Profit<sup>00</sup></i> <span style="float: right; margin-right: 50px;"><i>\$2750</i></span> <span style="float: right; margin-right: 50px;"><i>\$7762<sup>00</sup></i></span>	J

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

CAMPAIGN EXPENSES

Report Period

#REF!

*John C Carpenter* Assembly #33 #REF!  
 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
<i>Elko Senior Citizens</i> <i>Elko</i>	J	<i>June 21</i>	<i>\$750<sup>00</sup></i>
<i>J.C. Enterprise</i> <i>Elko</i>	A	<i>May 27</i>	<i>\$300<sup>00</sup></i>
<i>Relay for Life</i> <i>Elko Cancer</i>	J	<i>June 25</i>	<i>\$250<sup>00</sup></i>
<i>J.C. Enterprise</i> <i>Elko</i>	A	<i>June 28</i>	<i>\$300<sup>00</sup></i>
<i>J.C. Enterprise</i> <i>Trans-Elk Deer Committee</i>	C	<i>June 28</i>	<i>\$312<sup>00</sup></i>
<i>J.C. Enterprise</i> <i>Elko</i>	A	<i>July 28</i>	<i>\$300<sup>00</sup></i>
<i>Cash</i> <i>Trans to Wendover</i>	C	<i>July 29</i>	<i>\$100<sup>00</sup></i>
<i>Elko 4-H</i> <i>Elko</i>	J	<i>Aug 24</i>	<i>\$1000<sup>00</sup></i>
<i>J.C. Enterprise</i> <i>Elko</i>	A	<i>Aug 24</i>	<i>\$300<sup>00</sup></i>
<i>High Desert Equine Center</i> <i>Elko Donations</i>	J	<i>Sept 7</i>	<i>\$250<sup>00</sup></i>
<i>Relay Mtn. Symphony</i> <i>Elko</i>	J	<i>Sept 10</i>	<i>\$250<sup>00</sup></i>

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CAMPAIGN EXPENSES

Report Period #REF!

*John C. Cuyper* Assembly #33 #REF!  
 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
<del>Bright Path - Adult Center</del> Elhr	J	Sept. 17	\$ 250 <sup>00</sup>
L.C. Enterprise Elhr	A	Sept 27	\$500 <sup>00</sup>
KRJ.C. Elhr Ellison-ad	D	Oct. 12	\$400
L.C. Enterprise Elhr	A	Oct. 19	\$500 <sup>00</sup>
KELK- Elhr Ellison ad	D	Oct. 19	\$400 <sup>00</sup>
KWNA- Wimmucco Ellison ad	D	Oct 20	\$400 <sup>00</sup>
Ruby Radio Elhr Ellison ad	D	Oct. 22	\$400 <sup>00</sup>

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