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

Name (print): Henderson Fire Fighters Political Action Committee
Office (if applicable):
District (if applicable):
Mailing Address (include city and zip code): PO Box 90428 Henderson, NV 89009
Telephone No.: 702-565-6551
E-Mail Address: Local1883@Local1883.LVCOXmail.com
27717

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

☐ **Annual Filing - Due January 15, 2011**
Period: January 1, 2010 – December 31, 2010

☐ **Report #1 — Due March 29, 2011***
Period: Jan. 1, 2011 — March 24, 2011

☐ **Report #2 Due — May 31, 2011***
Period: Mar. 25, 2011 — May 26, 2011

☒ **Report #3 Due — July 15, 2011***
Period: May 27, 2011 — June 30, 2011

☐ **Annual Filing – Due January 15, 2012**
*Period: July 1, 2011 – December 31, 2011
**Period: Jan. 1, 2011 – December 31, 2011

Office of the Secretary of State
Ross Miller
Elections Division
KRut
07/11/11
FOR OFFICE USE ONLY

*** These Reports are filed by incumbents/candidates running for office in the 2011 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 2 of instruction sheet) | 3438.63 | 12,515.39 |
| 2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet) | Ø | Ø |
| 3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet) | Ø | Ø |
| 4. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 4) (See page 2 of instruction sheet) | 3438.63 | 12,515.39 |
| 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) | Ø | Ø |
| 6. Total Value of In Kind Contributions Received in Excess of $100 (See page 2 of instruction sheet) | Ø | Ø |

**EXPENSES SUMMARY**

| | This Period | Cumulative From Beginning of Report Period #1 Through End of This Reporting Period |
|---|---|---|
| 7. Total Monetary Expenses Paid in Excess of $100 (See page 2 of instruction sheet) | Ø | 25,000 |
| 8. **Total Amount of All Monetary Expenses Paid** (Add Lines 8 and 9) (See page 2 of instruction sheet) | Ø | 25,000 |
| 9. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet) | Ø | Ø |

**AFFIRMATION**

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

Signature: _____ Date: 7/11/11

**CAMPAIGN CONTRIBUTIONS** **Report Period # 3**

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 |
|---|---|---|---|---|---|
| IAFF 1750 New York Washington, DC 20006 | ~~6/6/11~~ 6/6/11 | 896.21 | | | |
| | 6/27/11 | 896.21 | | | |
| | 7/7/11 | 896.21 | | | |
| | | | | | |
| Henderson Professional | 6/2/11 | 374.00 | | | |
| Fire Fighters PO Box 90928 Henderson, NV 89009 | 6/21/11 | 376.00 | | | |
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**WRITTEN COMMITMENTS** **Report Period** #3

Name (print) 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**

| NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT | DATE OF EACH COMMITMENT | AMOUNT OF EACH COMMITMENT |
|---|---|---|
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**CAMPAIGN EXPENSES** **Report Period** # 3

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 |

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

**CAMPAIGN EXPENSES** **Report Period** # 3

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

**Expenses in Excess of $100**
**Transfer Total Amount of All Campaign Expenses to Line 6 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 |
|---|---|---|---|
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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

**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 CONTRIBUTIONS**

**Report Period** #3

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

# IN KIND

**Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100 Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary**

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH IN KIND CONTRI-BUTION | DESCRIPTION OF EACH IN KIND CONTRIBUTION | VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT | 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 |
|---|---|---|---|---|---|---|
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**IN KIND**
**WRITTEN COMMITMENTS**

**Report Period** # 3

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

**In Kind 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**

| NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT | DATE OF EACH IN KIND COMMITMENT | AMOUNT OF EACH IN KIND COMMITMENT |
|---|---|---|
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**IN KIND CAMPAIGN EXPENSES**

**Report Period** # 3

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

## IN KIND

**Expenses in Excess of $100**
**Transfer Total Value of All In-Kind Campaign Expenses to Line 9 of Expenses Summary**

| 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 |
|---|---|---|---|
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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