

**CAMPAIGN CONTRIBUTIONS**  
**THE TOTAL OF WHICH EXCEED \$10,000**

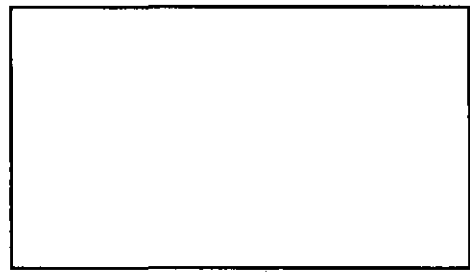
City of North Las Vegas

Name (print) WILLIAM E. ROBINSON COUNCILMAN Office (Held/Seeking) Z  
Mailing Address (include city and zip code) 2417 MANGO BAY AVE. NLV NV. 89031 Telephone No. 639-6401

E-Mail Address

Select Appropriate Box:  ORIGINAL  AMENDED

**Report Due January 15, 2003**  
Period: January 1, 2002 - December 31, 2002



**BEGINNING CASH ON HAND**

1. Cash on Hand as of January 1, 2002 N/A

**CONTRIBUTIONS SUMMARY**

2. Total Monetary Contributions Received This Period in Excess of \$100 N/A  
3. Total Monetary Contributions Received This Period of \$100 or Less N/A  
4. Actual Number of Monetary Contributions This Period of \$100 or Less \_\_\_\_\_  
5. Interest and Income Earned This Period on Contributions N/A  
6. Total Amount of Monetary Contributions Received (Add Lines 2, 3 and 5) N/A  
7. SUBTOTAL (Add Lines 1 and 6) N/A  
8. Total Value of In Kind Contributions Received This Period \_\_\_\_\_

**EXPENSES SUMMARY**

9. Total Monetary Expenses Paid This Period in Excess of \$100 N/A  
10. Total Expenses Contracted for This Period, But Not Paid, in Excess of \$100 \_\_\_\_\_  
11. Total Monetary Expenses Paid This Period of \$100 or Less N/A  
12. Total Expenses Contracted for This Period, But Not Paid, of \$100 or Less \_\_\_\_\_  
13. Total Amount of All Monetary Expenses Paid (Add Lines 9 and 11) N/A  
14. Total Value of In Kind Expenses This Period \_\_\_\_\_

**ENDING CASH ON HAND**

15. Cash on Hand as of December 31, 2002 (Subtract Line 13 from Line 7)

**AFFIRMATION**

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

William E. Robinson Signature 1/7/2003 Date

**CAMPAIGN CONTRIBUTIONS IN EXCESS OF \$10,000 EVERY**

WILLIAM ROBINSON COUNCILMAN 2  
 Name (print) Office (Seeking/Held) Ward

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN

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WILLIAM E. ROBINSON Councilman  
 Name (print) Office (Seeking/Held)

2  
 Ward

**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**

**IN EXCESS OF \$10,000 FORM**

WILLIAM E. ROBINSON COUNCILMAN  
Name (print) Office (Seeking/Held)

2  
Ward

**Expenses in Excess of \$100**

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
N			
A			

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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

**NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.**

**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**

**IN EXCESS OF \$100 PER**

WILLIAM E. ROBINSON  
Name (print)

COUNCILMAN  
Office (Seeking/Held)

2  
Ward

**IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
N/A				
A				

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WILLIAM E. ROBINSON COUNCILMAN

Z

Name (print)

Office (Seeking/Held)

District (if applicable)

**IN KIND**

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
<i>N/A</i>		

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**IN KIND CAMPAIGN EXPENSES**

**IN EXCESS OF \$10,000 FOR**

WILLIAM E ROBINSON COUNCILMAN  
 Name (print) Office (Seeking/Held )

2  
 District (if applicable)

**IN KIND**

Expenses in Excess of \$100

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
N/A			
N/A		N/A	
N/A		N/A	
N/A		N/A	
N/A		N/A	
N/A		N/A	
N/A		N/A	
N/A		N/A	

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**IN KIND CAMPAIGN EXPENSES**

**IN EXCESS OF \$10,000 FORM**

WILLIAM E. ROBINSON COUNCILMAN  
 Name (print) Office (Seeking/Held)

Z  
 District (if applicable)

**IN KIND**

**Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
N/A		
A	N/A	

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Prescribed by Secretary of State  
 NRS 294A.125; 294A.362; NRS 294A.365