

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

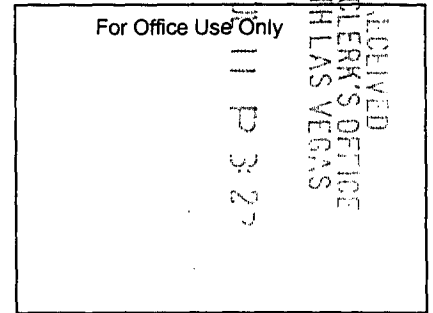
City of North Las Vegas

Name (print) Jean Withers Councilwoman Office (if applicable) #3 Ward (if applicable)
 Mailing Address (include city and zip code) 4503 Galtso Court Telephone No. 702-839-1035

E-Mail Address

Select Appropriate Box(es) CANDIDATE PAC BAG POL PRY IND EXP AMENDED ANNUAL FILING

- Report #1 Due — March 29, 2005**
Period: Jan. 1, 2005 - Mar. 24, 2005
- Report #2 Due — May 31, 2005**
Period: Mar. 25, 2005 — May 26, 2005
- Report #3 Due — July 15, 2005**
Period: May 27, 2005 — June 30, 2005
- Annual Filing — Due January 15, 2006**
Period: January 1, 2005 – December 31, 2005



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	\$4174	.00
2. Total Monetary Contributions Received of \$100 or Less		0
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	\$4174	.00
4. Total Value of In Kind Contributions Received in Excess of \$100		

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	\$4174	.00
6. Total Monetary Expenses Paid of \$100 or Less		0
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	\$4174	.00
8. Total Value of In Kind Expenses in Excess of \$100	\$4174	.00

AFFIRMATION

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

Signature Jean Withers Date 7-07-05

IN KIND CAMPAIGN EXPENSES

Report Period

3

Jean Withees
Name (print)

Council Woman
Office (if applicable)

43
Ward (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 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
<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>

This page may be copied or duplicated if additional space is needed.

IN KIND CAMPAIGN CONTRIBUTIONS

Report Period

B

3

Jean Withers

Councilwoman

3

Name (print)

Office (if applicable)

Ward (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 4 of Contributions Summary

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
Jean Withers 4803 Galloway NW 89031	6/03-6/08/05	Radio Broadcast K-970 AM Ah Sanlee	\$ 745.00	
" "	6/03/05	Joel's Sign S.		
" "	5/31/05	Political Signs	\$ 800.00	
" "	6/03/05	Balloon Supply House	\$ 200.00	
" "	5/05-6/05	Volunteers + workers + paid STAFF	\$ 240.00	
" "	5-05/6-05	Chairline for both ends	\$ 360.00	
" "	5-05-6-05	Committee L cheese cake fact	\$ 92.00 (4)	
" "	5-05-6-05	Kachnapops Chillies Onelette House	\$ 74.00 (4) \$ 176.00 (2) \$ 42.00 (4)	
" "	5-05-6-05	Correspondence Phone Stamps	\$ 120.00	
" "	6-07-05	Atlanta Clubhouse Election Day Gathering	\$ 1200.00	
	6-07-05	Ah Sanlee Disg Joel's	\$ 125.00	

This page may be copied or duplicated if additional space is needed.

Jean Withers
Name (print)

Councilwoman
Office (if applicable)

43
Ward (if applicable)

Expenses in Excess of \$100
Transfer Total Amount of All Campaign Expenses to Line 5 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>Office Expense Postage & Phone</i>	<i>A</i>	<i>5-05/6-05</i>	<i>\$ 60.00 \$ 60.00</i>
<i>4-8 Volunteers Kadawaugh's Chilles</i>	<i>B</i>	<i>5-05-6-05</i>	<i>\$ 74.00 \$ 176.00</i>
<i>Omelette House</i>		<i>5-05-05</i>	<i>\$ 42.00</i>
<i>Cheese cake Factory</i>	<i>B</i>	<i>6-05-05</i>	<i>\$ 92.00</i>
<i>Gasoline for 3 cars</i>	<i>C</i>	<i>5-05-6-05</i>	<i>\$ 360.00</i>
<i>Radio Broadcast K-970 AM</i>	<i>D</i>	<i>6-05-05</i>	<i>\$ 745.00</i>
<i>Joe's Sign Service for Political Signs</i>	<i>D</i>	<i>5-31-05</i>	<i>\$ 800.00</i>
<i>Paid Staff</i>	<i>F</i>	<i>5-05-6-05</i>	<i>\$ 240.00</i>
<i>Balloon Advertising</i>	<i>H</i>	<i>5-05-6-05</i>	<i>\$ 200.00</i>
<i>Allente Clubhouse</i>	<i>I</i>	<i>6-07-05</i>	<i>\$ 1,325.00</i>

This page may be copied or duplicated if additional space is needed.

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
<u>N.A.</u>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
<u>N.A.</u>	_____
_____	_____
_____	_____
_____	_____

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
<u>N.A.</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date:

Signature: Jean Witter

(6) P.I.A

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

NAME Jean Withers LENGTH OF RESIDENCE IN NEVADA 1966
 MAILING ADDRESS 4523 Galt Court LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO
 CITY, STATE, ZIP North Las Vegas NV 89031 NOTE 1980 NV North A.V.
 TELEPHONE 702-839-1035 NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

Public Office	Annual Compensation	Term or Date Appointed	ANNUAL	CANDIDATE	APPOINTMENT
			all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.571(1)(b)	(no later than the 10 th day after the last day to qualify as a candidate) NRS 281.571(1)(a)	to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.571(1)(a)
<u>Councilwoman Ward #3 NBV</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
<u>Jean Withers L.V. Water Dist.</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>http://store.publicintegrity.org/ci/docs/NV.pdf</u>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household has a mortgage or deed of trust on real property which is not required to be disclosed [NRS 281.571, Subsection 1(c)]:

	Self	Household Member
<u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

