

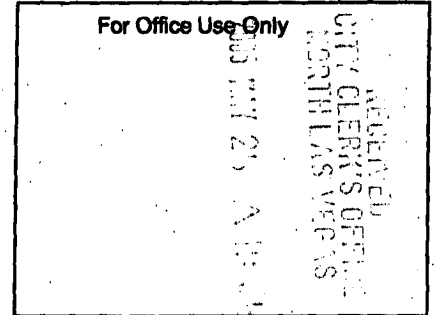
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

City of North Las Vegas

Name (print) ROBERT E. NELSON-KORTLAND, NV MUNICIPAL COURT - DEPT. 2 Office (if applicable) _____ Ward (if applicable) _____
 Mailing Address (include city and zip code) 7721 ISLAND PALM DRIVE, NORTH LAS VEGAS, NV 89084 Telephone No. 702-501-4645
 E-Mail Address _____

Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY 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

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

This Period

1. Total Monetary Contributions Received in Excess of \$100	\$ 3,000.00	\$ 7,700.00
2. Total Monetary Contributions Received of \$100 or Less	- 0 -	\$ 565.00
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	\$ 3,000.00	\$ 8,265.00
4. Total Value of In Kind Contributions Received in Excess of \$100	- 0 -	\$ 2,000.00

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	\$ 947.88	\$ 6,434.50
6. Total Monetary Expenses Paid of \$100 or Less	\$ 416.31	\$ 1,266.71
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	\$ 1,364.19	\$ 7,701.21
8. Total Value of In Kind Expenses in Excess of \$100		

AFFIRMATION

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

Signature Robert E. Nelson-Kortland

Date 5-26-05

Name (print)

Office (if applicable)

Ward (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
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

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

Name (print)

Office (if applicable)

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
CINGULAR P.O. BOX 755 ATWATER, CA 95301-0755	J TELEPHONE	3-25-05	\$378.72
HOME DEPOT P.O. BOX 9100 DES MOINES, IA 50368-9100	D	4-21-05	\$136.54
CINGULAR P.O. BOX 755 ATWATER, CA 95301-0755	J TELEPHONE	5-6-05	\$432.62

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