

Name (print) Jim Dunn Henderson City Council  
 Office (if applicable)  
 District (if applicable)  
 Mailing Address (include city and zip code) 273 SINGLE PETAL STREET HENDERSON 89074 Telephone No. 702-813-6468  
SIMDUNN@TRICKROWN.COM  
 E-Mail Address

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

- Annual Filing - Due January 15, 2009  
 Period: January 1, 2008 - December 31, 2008
- Report #1 - Due March 31, 2009\*  
 Period: Jan. 1, 2009 - March 26, 2009
- Report #2 Due - May 26, 2009\*  
 Period: Mar. 27, 2009 - May 21, 2009
- Report #3 Due - July 15, 2009\*  
 Period: May 22, 2009 - June 30, 2009
- Annual Filing - Due January 15, 2010  
 \*Period: July 1, 2009 - December 31, 2009  
 \*\*Period: Jan. 1, 2009 - December 31, 2009

FOR OFFICE USE ONLY  
 2009 JUL 10 P. 1:34  
 RECEIVED  
 CITY CLERK  
 CITY OF HENDERSON

\* These Reports are filed by incumbents/candidates running for office in the 2009 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 1 of instruction sheet)	0	1348
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	0	100
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0	0
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	222.15	222.15
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	222.15	1570.15
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	0	0
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	3300

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	500.85	1418
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	0	0
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	500.85	1418
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0	0
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15 <sup>th</sup> day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)	0	

AFFIRMATION

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

Signature

James F. Dunn, Jr.

Date

7/10/09

**CAMPAIGN CONTRIBUTIONS**

Report Period # 3

Jim Dunn  
Name (print)

CITY COUNCIL  
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 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
<u>NONE</u>					

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Jim Dunn  
Name (print)

HENDERSON CITY COUNCIL  
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.**

Name (print) Jim Dunn

Office (if applicable) HERNDONSVILLE CITY COUNCIL

District (if applicable)

**Expenses in Excess of \$100**  
**Transfer Total Amount of All Campaign Expenses to Line 8 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
TERRI DUNN 273 SINGLE PETAL ST. HERNDONSVILLE, NV 89074	J	5/26/09	\$500.85

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## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

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**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**

Jim Dunn  
Name (print)

HENDERSON CITY COUNCIL  
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 7 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 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
NONE						

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**IN KIND  
WRITTEN COMMITMENTS**

Report Period # 3

Jim Dunn  
Name (print)

HENDERSON CITY COUNCIL  
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 6 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
<u>NONE</u>		

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**IN KIND CAMPAIGN EXPENSES**

Report Period # **3**

**Jim Dunn**  
Name (print)

**HENDERSON CITY COUNCIL**  
Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

**Transfer Total Value of All In-Kind Campaign Expenses to Line 11 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
NONE			

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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

WRITTEN COMMITMENTS

Report Period # 3

Name (print) Jim Dunn Office (if applicable) HENDERSON CITY COUNCIL 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 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
NONE		

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