

EISINGER CASSANDRA  
Form 3/A  
January 31, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement		3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â EISINGER CASSANDRA			(Month/Day/Year)		Community Bancorp [CBON]	
(Last)	(First)	(Middle)	12/09/2004			
400 S. 4TH STREET, SUITE 215					4. Relationship of Reporting Person(s) to Issuer	
(Street)					(Check all applicable)	
LAS VEGAS, NV 89101					5. If Amendment, Date Original Filed(Month/Day/Year)	
(City)	(State)	(Zip)			12/13/2004	
					6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)		<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	
			EVP/DIR OF OPERATIONS			

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock <sup>(2)</sup>	250	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

Edgar Filing: EISINGER CASSANDRA - Form 3/A

	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
STOCK OPTIONS	04/12/2005 <sup>(1)</sup> 04/12/2014	Common Stock 10,066 \$ 10.33	D

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
EISINGER CASSANDRA 400 S. 4TH STREET, SUITE 215 LAS VEGAS, NV 89101			EVP/DIR OF OPERATIONS	

## Signatures

/s/ Cassandra Eisinger 01/30/2006

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
  - (1) On April 12, 2004, Ms. Eisinger was granted an option to acquire 10,066 shares of common stock (adjusted for stock split and stock dividends). These shares vest on three following anniversary dates at 30% in 2005, 30% in 2006 and 40% in 2007. This filing is made to correctly state the vesting of these stock options.
  - (2) On December 9, 2004, Ms. Eisinger acquired 250 shares of common stock in the Company's initial public offering. These shares were inadvertently not reported on Ms. Eisinger's original Form 3 filed on December 13, 2004. This filing is made to correctly state the number of shares she owns.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.