COMMITTEE FOR POLITICAL ACTION
CAMPAIGN EXPENSES

REPORT PERIOD Number 1

UAW REGION 5 WESTERN STATES PAC
Committee Name (print)

Expenses in Excess of $100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
Committee to Elect Debbie Smith 3270 Wilma Drive	J	6-12-00	1,500
Sparks, NV 89431			

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COMMITTEE FOR POLITICAL ACTION
SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS ***State of Nevada***

UAW REGION 5 WESTERN STATES PAC
Committee Name (print)

6500 S. Rosemead Blvd Pico Rivera CA 90660 562 801-1500
Mailing Address (include city and zip code) *Telephone Number*

REPORT NUMBER 2 - DUE OCTOBER 31, 2000

Report Period **Begins:** August 24, 2000
Report Period **Ends:** October 25, 2000

CONTRIBUTIONS SUMMARY

1. From Report Number 1, total amount of contributions in excess of $100	
2. From Report Number 1, total amount of contributions of $100 or less	
3. Report Number 2, amount of contributions in excess of $100	
4. Report Number 2, total amount of contributions of $100 or less	
From Report Numbers 1 and 2, actual number of contributions of $100 or less	
5. Interest and income earned, if any, during this report period	
6. **TOTAL AMOUNT OF ALL CONTRIBUTIONS** (add lines 1 through 5)	

EXPENSES SUMMARY

7. From Report Number 1, total amount of expenses in excess of $100	1,500
8. From Report Number 1, total amount of expenses of $100 or less	
9. Report Number 2, total amount of expenses in excess of $100	5,000
10. Report Number 2, total amount of expenses of $100 or less	
11. **TOTAL AMOUNT OF ALL EXPENSES** (add lines 7 through 10)	6,500

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11-13-00 Diane Lamotte
Date *Signature of Authorized Person or Representative of Committee*

Prescribed by Secretary of State
NRS 294A.140, 294A.210
EL202.002(rev. 07/00)

Total number of pages for this report _____

COMMITTEE FOR POLITICAL ACTION
CAMPAIGN EXPENSES

REPORT PERIOD Number 2

Committee Name (print)

Expenses in Excess of $100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
SILVER STATE VOTER PROGRAM 349 Keating St. Henderson, NV 89014	J	9/7/00	5,000

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Secretary of State
Elections Division
101 North Carson Street, Suite 2
Carson City, NV 89701-4786

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