CAMPAIGN EXPENSES Report Period #3

Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of $100

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
Kevin L Child 4060 Spitze rd Las Vegas Nv 89103	J	J NOV. 6, 2002	1,787.69

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