CAMPAIGN CONTRIBUTIONS Report Period #2

NICHOLAS DEL VECCHIO FAMILY CT DEPT. 17

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

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
8/29/02 MGM-MIRAGE	8/29/02	$1000.00	
BUNIN & BUNIN	10/3/02	$750.00	
FRED KENNEDY ESQ.	10/11/02	$500.00	

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CAMPAIGN CONTRIBUTIONS Report Period #2

NICHOLAS DEL VECCHIO FAMILY CT. DEPT. IT

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

Contributions of $100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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CAMPAIGN EXPENSES Report Period #2

NICHOLAS DELVECCHIO FAMILY CT. DEPT. 17

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
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CAMPAIGN EXPENSES Report Period #2

NICHOLAS DELVECCHIO FAMILY CT. DEPT. K

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

Expenses of $100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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IN KIND CAMPAIGN CONTRIBUTIONS

Report Period #2

NICHOLAS DELVECCHIO FAMILY CT. DEPT. IT

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

IN KIND

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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IN KIND CAMPAIGN CONTRIBUTIONS

Report Period: #2

NICHOLAS DELVECCHIO FAMILY CT. DEPT. 17

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

IN KIND

Contributions of $100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
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IN KIND CAMPAIGN EXPENSES Report Period #2

Nicholas Del Vecchio Family Ct. Dept. K

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

IN KIND

Expenses in Excess of $100

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
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IN KIND CAMPAIGN EXPENSES

Report Period: #

Nicholas Del Vecchio Family Ct. Dept. H

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

IN KIND

Expenses of $100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State
NRS 294A.120, 294A.140, 294A.150
294A.200, 294A.210, 294A.220, 294A.362