

Name (print) SHARON GOBEL Office (if applicable) STATE SENATE District (if applicable) 5
 Mailing Address (include city and zip code) 2675 Windmill Pkwy #523, Henderson, NV 89074 Telephone No. 269-5691

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Select Appropriate Box(es) CANDIDATE PAC BAG POL. PRY IND. EXP AMENDED

- Report #1 — Due August 27, 2002**
 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002
 Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002
 Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002
BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002

- Report #2 Due — October 29, 2002**
 Period: Aug. 23, 2002 — Oct. 24, 2002

- Report #3 Due — January 15, 2003**
 Period: Oct. 25, 2002 — Jan. 3, 2003
BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

RECEIVED
 CLERK COUNTY
 CLERK OF DEPT
 2002 OCT 29 P 12:22
 FOR OFFICE USE ONLY

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any 0

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- 1. Total amount of monetary contributions in excess of \$100 0
- 2. Total amount of monetary contributions of \$100 or less 0
 Actual number of monetary contributions of \$100 or less 0
- 3. Interest and income earned on contributions, if any 0
- 4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) 0
- 5. Total amount of In Kind Contributions 0

EXPENSES SUMMARY

- 6. Total amount of monetary expenses in excess of \$100 0
- 7. Total amount of monetary expenses of \$100 or less 0
- 8. Expense for filing fee 0
- 9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) 0
Remaining Balance (Subtract line 9 from 4) 0
- 10. Total amount of In Kind Expenses 0

AFFIRMATION

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

Sharon Gobel
Signature

10/27/02
Date Executed On