2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES — State of Nevada

JACKLYN A. HOLMGREN — ASSEMBLY 36

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

PO BOX 639 HAWTHORNE, NV 89415 — 775 530 5313

Mailing Address (include city and zip code) — Telephone No.

HAWTHORNE_RANCH@YAHOO.COM

E-Mail Address

ICAN 63

Select Appropriate Box(es): ☒ CANDIDATE ☐ PAC ☒ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED

☐ **Report #1 — Due August 22, 2002**
Office with a 2-year term Period: Jan. 1, 2001 — Aug. 22, 2002
Office with a 4-year term Period: Dec. 2, 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. 1, 2003
BAGs only Period: Oct. 25, 2002 – Dec. 31, 2002

FILED # _____

AUG 28 2002

IN THE OFFICE OF
DEAN HELLER SECRETARY OF STATE

FOR OFFICE USE ONLY

I DO HEREBY CLAIM MY RIGHTS AGAINST SELF-INCRIMINATION AND MUST THEREFORE DECLINE TO FILL OUT THIS FORM AND OR SIGN IT UNDER PENALTIES OF PERJURY. J.H.

BALANCE

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

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

EXPENSES SUMMARY

6. Total amount of monetary expenses in excess of $100 _____
7. Total amount of monetary expenses of $100 or less _____
8. Expense for filing fee _____
9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) _____

   Remaining Balance (Subtract line 9 from 4) _____

10. Total amount of In Kind Expenses _____

AFFIRMATION

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

Signature — Date Executed On