CAMPAIGN CONTRIBUTIONS	Report Period	#

Michael D Hoffman

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
Eileen Cohen 2879 San Gabriel DR Minden Nv. 89423	5/18/01 ~~6/25/01~~	309 ~~120~~	
Rhonda Pendergraft 1327 Roland Carson City Nv. 89701	6/8/01	527.38	
Eileen Cohen 2879 San Gabriel DR Minden Nv. 89423	6/25/01	120	
Mike Hoffman 1329 Calico ST Carson City Nv 89701	4/15/02	341.01	
Jon Nowlin 4441 Conte DR Carson City Nv. 89701	5/8/02	200	
Mike Hoffman 1329 Calico St. Carson City Nv 89701	8/9/02	279	

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CAMPAIGN CONTRIBUTIONS | Report Period | #

Michael D Hoffman
Name (print) | Office (if applicable) | District (if applicable)

Contributions of $100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
5/31/01	50
6/29/01	100
6/29/01	31
7/3/01	65
7/13/01	100
7/13/01	20
8/6/01	100
8/6/01	95
8/31/01	100
10/3/01	100
10/3/01	55
10/23/01	100
10/23/01	50.69
12/11/01	95
1/28/02	80
3/13/02	70
3/27/02	50
5/8/02	40
5/28/02	100
5/28/02	40
7/17/02	100
7/17/02	100
7/17/02	100
7/17/02	95
8/9/02	100
8/9/02	100
8/9/02	31

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
3/14/01	100
3/14/01	100
3/14/01	100
5/5/01	91
8/16/02	100
8/16/02	100
8/16/02	100
8/16/02	100
8/16/02	100
8/16/02	100
8/16/02	83

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CAMPAIGN EXPENSES	Report Period	#

Michael D Hoffman

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

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

***** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.***

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CAMPAIGN EXPENSES | Report Period | #

Michael D Hoffman
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Office (if applicable)

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District (if applicable)

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By TC

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.006	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Reno Tahoe Specialty, Inc 980 United Circle Sparks, NV 89431	D	6/14/01	151.50
~~Sign Shop~~ ~~Fast~~ Signs. 3849 So. Carson ST CC NV	D	6/14/01	122.50
~~Sign Shop~~ FAST Signs 3849 South Carson St. CC NV	D	6/19/01	122.50
Jo Ellen Lester 1701 County Rd. Minden Nv. 89423	F	6/19/01	$216.00
Advertising Specialty Co. P.O. Box 10487 Reno, NV 89510	D	6/28/01	168.24
Reno Tahoe Specialty Inc 980 United Circle Sparks, NV 89431	D	8/6/01	172.50
Mike Hoffman 1329 Calico St. Carson City, NV 89701	D	10/2/01	351.22
Reno Tahoe Specialty Co ~~P.O. Box 10487~~ 980 United Circle Sparks, NV 89431	D	3/22/02	241.50
~~Harmer &~~ Smith & Harmer 504 N. Division St. Carson City, NV 89703	F	4/13/02	165.20

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CAMPAIGN EXPENSES | Report Period | #

Michael D Hoffman

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 instructions below NRS 294A.366)	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Economy Speed Press 714 N ~~Washington~~ Carry St. Carson City, NV 89703	A	6/14/02	100.42

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CAMPAIGN EXPENSES Report Period #

Michael D Hoffman

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

Expenses of $100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
6/14/01	34.56	A
6/21/01	100.00	A
5/14/02	40.60	F
5/14/02	15.00	A
6/21/02	26.47	F
7/17/02	73.67	A

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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IN KIND CAMPAIGN CONTRIBUTIONS	Report Period	#

Michael D Hoffman

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
Julian C Smith 502 N. Division St. Carson City, NV 89703	8/22/02	Attorney's fees	$17,380.00	

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IN KIND CAMPAIGN CONTRIBUTIONS	Report Period	#

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	#

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 #

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