

Michael R. Smith
Name (print)

Assembly
Office (if applicable)

AD29
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.**

Michael R. Smith
Name (print)

Assembly
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AD29
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
WAL-MART MARKS ST. HEPDERSON, NV 89014	H	9/01/02	483.17
WENDY MAPLES 360 PERRY ELLES ST. HEPDERSON, NV 89014	J	9/09/02	500.-
LUCY SMITH 166 CARLSBAD CAVERNS ST HEPDERSON, NV 89012	J	9/09/02	1500.-
MICHAEL TANGODAD 2223 MIDVALE TERR. HEPDERSON NV 89014	J	9/09/02	100.-
LOWE'S MARKS ST HEPDERSON NV 89014	J	9/12/02	314.25
LOWE'S	J	10/15/02	418.64

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**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period **#2**

Michael R Sm. Jr
Name (print)

Assembly
Office (if applicable)

AD29
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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

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IN KIND CAMPAIGN EXPENSES

Report Period # 2

Michael R. Smith
Name (print)

Assembly
Office (if applicable)

AD 25
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
N/A	N/A	N/A	N/A

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IN KIND CAMPAIGN EXPENSES

Report Period **#2**

Michael R. Smith
Name (print)

Assembly
Office (if applicable)

AD29
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
<i>8/30/02</i>	<i>\$5.00</i>	<i>BANK FEES (DEFERRED)</i>

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