

Coalition for a Better Nevada

Name (print) 3343 Meade Ave. Office (if applicable) 702-313-3678 District (if applicable)

Mailing Address (include city and zip code) kelly@ftdefy.com Telephone No.

E-Mail Address 3 PAC 550

- 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

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DEAN HELLER
 SECRETARY OF STATE

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 \$200.00

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

EXPENSES SUMMARY

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

AFFIRMATION

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

[Signature]
 Signature

1/10/03
 Date Executed On