

1 PAC 288

**2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES** State of Nevada

Democratic Congressional Campaign Committee N/A N/A

Name (print) Office (if applicable) District (if applicable)  
 430 South Capitol Street SE, Washington, DC 20003 202-863-1500

Mailing Address (include city and zip code) Telephone No.  
 None

E-Mail Address

Select Appropriate Box(es)  CANDIDATE  PAC  BAG  POL PRTY  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

  
**FILED**  
**AUG 23 2002**  
 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 \$0.00

**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 \$0.00
- 2. Total amount of monetary contributions of \$100 or less \$0.00  
 Actual number of monetary contributions of \$100 or less 0
- 3. Interest and income earned on contributions, if any \$0.00
- 4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) \$0.00
- 5. Total amount of In Kind Contributions \$0.00

**EXPENSES SUMMARY**

- 6. Total amount of monetary expenses in excess of \$100 \$0.00
- 7. Total amount of monetary expenses of \$100 or less \$0.00
- 8. Expense for filing fee \$0.00
- 9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) \$0.00
- Remaining Balance** (Subtract line 9 from 4) \$0.00
- 10. Total amount of In Kind Expenses \$0.00

**AFFIRMATION**

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

*Ann Marie Halahan* 8.22.02  
 Signature Date Executed On