





L.I.U.N.A. P.A.C.

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses \$39	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 12,950	J

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

L.I.U.N.A. P.A.C.

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 Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
WILLIAM HORNE 3445 WESTWIND ROAD LAS VEGAS, NV 89146	J	OCT. 1, 2002	500
VIVIAN FREEMAN 1665 CARLIN STREET RENO, NV 89503	J	OCT. 1, 2002	500
JIM BALOUGH 8569 SILVER SHORES DRIVE RENO, NV 89506	J	OCT. 1, 2002	500
ERIN KENNY 5015 W. SAHARA AVE. LAS VEGAS, NV 89146	J	OCT. 1, 2002	500
JOHN HUNT 6370 W. FLAMINGO, NO. 27 LAS VEGAS, NV 89103	J	OCT. 1, 2002	500
MIKE SLATER 2100 SO. MARYLAND PARKWAY 9 LAS VEGAS, NV 89104	J	OCT. 1, 2002	750
STACIE WILKE 1855 BOHARLY COURT CARSON CITY, NV 89706	J	OCT. 1, 2002	1,000
ADRIANA MARTINEZ 1499 SUNAIR CIRCLE LAS VEGAS, NV 89110	J	OCT. 1, 2002	1,000
SHARON ZADRA P.O. BOX 12865 RENO, NV 89502	J	OCT. 1, 2002	1,000

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Name (print)

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**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
DWIGHT DORTCH P.O. BOX 8522 RENO, NV 89507	J	OCT. 1, 2002	1,000
GEORGE DINI 309 COMMERCIAL AVE. YERINGTON, NV 89447	J	OCT. 1, 2002	2,500
RICHARD PERKINS 408 GLASGOW STREET HENDERSON, NV 89015-5631	J	OCT. 10, 2002	2,000
DEBBIE SMITH 3270 WILMA DRIVE SPARKS, NV 89431	J	OCT. 10, 2002	500
WILLIAM BOWEN P.O. BOX 7321 RENO, NV 89510	J	OCT. 10, 2002	500
JACQUES ET'CHEGUYHEN 1610 WILDROSE DRIVE MINDEN, NV 89423	J	OCT. 10, 2002	200

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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.





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Name (print)

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**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 # 2

L.I.U.N.A. P.A.C.

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