

**2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES**

State of Nevada

*LPAC 566*

Name (print) Med Pac # 566 Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
 Mailing Address (include city and zip code) 2590 E Russell Rd Las Vegas, NV 89120 Telephone No. 702-739-9989  
 E-Mail Address ccms@lvcn.com

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

*CERTIFIED*  
**FILED**  
**AUG 26 2002** *Ue*  
 Secretary of State  
 FOR OFFICE USE ONLY

\* *already in acct. from previous year* **BALANCE (Beginning)**  
 This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any \$ 14,385.69 \*

**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 29,400.00
- 2. Total amount of monetary contributions of \$100 or less 200.00  
 Actual number of monetary contributions of \$100 or less 2
- 3. Interest and income earned on contributions, if any 55.84
- 4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) 29,655.84
- 5. Total amount of In Kind Contributions 0

**EXPENSES SUMMARY**

- 6. Total amount of monetary expenses in excess of \$100 19,792.33
- 7. Total amount of monetary expenses of \$100 or less 32.00
- 8. Expense for filing fee 0
- 9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) 19,824.33
- Remaining Balance (Subtract line 9 from 4) 9,831.51 + 14,385.69 = 24,217
- 10. Total amount of In Kind Expenses 0

**AFFIRMATION**

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

Signature *[Signature]* Date Executed On 8-26-02