

Med Pac #566

Name (print)

Office (if applicable)

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
John Nowins 3380 S Eastern Ave Las Vegas, NV 89109	8-30-02	\$200	
William Schroeder 1855 Quarley Pl Henderson, NV 89014	8-30-02	\$200	
Alonzo Ashton 2576 Leigh Ave Las Vegas, NV 89120	9-12-02	\$200	
Raj Chanderraj 4275 Burnham Ste 370 Las Vegas, NV 89119	10-11-02	\$200	
Ed Kingsley 3730 S Eastern Las Vegas, NV 89109	8-30-02	\$200	

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**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.**

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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
Marcus Conklin 1600 Palmae Wy Las Vegas, NV 89128		9-26-02	\$500

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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
Dennis Nolan PO Box 82249 Las Vegas, NV 89180	J	9-26-02	\$1,000
Tom Collins 4716 W San Miguel Ave N Las Vegas, NV 89032	J	9-26-02	\$500
Joe Wheeler PO Box 28593 Las Vegas, NV 89126	J	9-26-02	\$500
John Ellerton PO Box 81255 Las Vegas, NV 89180-1255	J	9-26-02	\$1,000
Bob McCleary 2205 Flower Ave N Las Vegas, NV 89030	J	9-26-02	\$500
Chad Christensen 9101 W Sahara Ave, Ste 105 Las Vegas, NV 89117	J	9-26-02	\$500
Ellen Koivisto 1147 Timber Ridge Ct Las Vegas, NV 89110	J	9-26-02	\$500
Lonnie Hammargren 4318 Ridgecrest Dr Las Vegas, NV 89121	J	9-26-02	\$1,000
John Oce guera 4560 El Campana Way Las Vegas, NV 89121	J	9-26-02	\$500

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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
Kelvin Atkinson 5631 Indiance Springs St N Las Vegas, NV 89031	J	9-26-02	\$500
Joe Hardy 895 Adams Blv Boulder City, NV 89005	J	9-26-02	\$1,000
Walter Andonov PO Box 531106 Henderson, NV 89053	J	9-26-02	\$500
David Brown 701 N Green Valley Pkw #200 Henderson, NV 89074	J	9-26-02	\$500
Josh Griffin 792 Camino La Paz Henderson, NV 89074	J	9-26-02	\$500
William Horne 2251 N Rampart #357 Las Vegas, NV 89128	J	9-26-02	\$500
David Parks 1700 Gabriel Dr Las Vegas, NV 89119	J	9-26-02	\$500
Harry Mortenson 3930 El Camino Rd Kas Vegas, NV 89103	J	9-26-02	\$500
Shirley Parraguire 2675 S Jones Bl Ste 211 Las Vegas, NV 89146	J	9-26-02	\$500

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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
Bill Maupin 2174 Waterford Pl Carson City, NV 89703	J	9-26-02	\$1,000
Gene Porter PO Box 7397 Las Vegas, NV 89125-7397	J	9-26-02	\$1,000
Jackie Glass S 7th St Las Vegas, NV 89101	J	9-26-02	\$1,000
Stewart Bell 200 S 3rd St #700 Las Vegas, NV 89155	J	9-26-02	\$1,000
Bill Voy 3172 N Rainbow Blvd #335 Las Vegas, NV 89108	J	9-26-02	\$1,000
Sandy Smagac 8550 W Charleston Bl Ste 102 Las Vegas, NV 89117	J	9-26-02	\$500
Valerie Adair 200 S 3rd St Fl 7 Las Vegas, NV 89155	J	9-26-02	\$1,000
Keep Our Doctors in NV PO Box 50154 Henderson, NV 89016	J	10-16-02	\$2,500
Bob Beers 7310 W Smoke Ranch Rd Ste R Las Vegas, NV 89128	J	10-16-02	\$500

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**DEAN HELLER**  
**SECRETARY OF STATE**  
State of Nevada  
**2002**

**REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**

**Acknowledgement**

I, Dot Freel, on behalf of

MedPac #566

(Please print name of Party, Group, Committee or Self)

hereby acknowledge receipt of the required forms and filing date schedule for the reporting of campaign contributions and expenses pursuant to the Nevada Campaign Practices Act. I understand that:

- I must file the prescribed reports by:  
Report No. 1 – **August 27, 2002**  
Report No. 2 – **October 29, 2002**  
Report No. 3 – **January 15, 2003**
- A violation of the reporting of contributions and expenses is subject to a civil penalty of up to \$5,000 for each violation and payment of court costs and attorney's fees;
- **I UNDERSTAND THAT A MONETARY CIVIL PENALTY MAY BE ASSESSED TO ME FOR FAILURE TO TIMELY FILE THESE REPORTS. (NRS 294A.420)**

Signature

**Received and Filed:**

This

28 day of OCT, 2002

Jinda Little  
Filing Officer

**FILING OFFICER:** This form is to be signed, detached and a copy is to be given to the representative.

Any questions? Please visit our website or contact this office at the following:

101 N. Carson Street, Suite 3; Carson City, NV 89701 • 775/684-5705 • [www.sos.state.nv.us](http://www.sos.state.nv.us) • [nvelect@govmail.state.nv.us](mailto:nvelect@govmail.state.nv.us)