

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

National Federation of Independent Business/ Nevada Save America's Free Enterprise Trust

Name (print) Office (if applicable) District (if applicable)
305 North Carson St., Suite 201 Carson City, NV 89701
Mailing Address (include city and zip code) Telephone No.

E-Mail Address

IPAC 317

Select Appropriate Box(es) [ ] CANDIDATE [X] PAC [ ] BAG [ ] POL/PRTY [ ] IND/EXP [ ] AMEND

- [X] 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: Perod: 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: Perod: Oct. 25, 2002 - Dec. 5, 2002

FED EX FILED AUG 26 2002 lh 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 \$3,870.81

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 394A.007)

Table with 2 columns: Description and Amount. Rows include: 1. Total amount of monetary contributions in excess of \$100 (\$200.00), 2. Total amount of monetary contributions of \$100 or less (\$50.00), Actual number of monetary contributions of \$100 or less (1), 3. Interest and income earned on contributions, if any (\$0.00), 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) (\$250.00), 5. Total amount of In Kind Contributions (\$0.00)

EXPENSES SUMMARY

Table with 2 columns: Description and Amount. Rows include: 6. Total amount of monetary expenses in excess of \$100 (\$0.00), 7. Total amount of monetary expenses of \$100 or less (\$100.00), 8. Expense for filing fee (\$0.00), 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) (\$100.00), Remaining Balance (Subtract line 9 from 4) (\$150.00), 10. Total amount of In Kind Expenses (\$0.00)

AFFIRMATION

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

Signature: [Handwritten Signature]

Date Executed: 8/26/02