

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Name (print) Nevada Concerned Citizens
Office (if applicable) PO Box 81707 Las Vegas NV. 89180
District (if applicable) (502) 368-6573
Mailing Address (include city and zip code)
E-Mail Address nccmail@earthlink.net

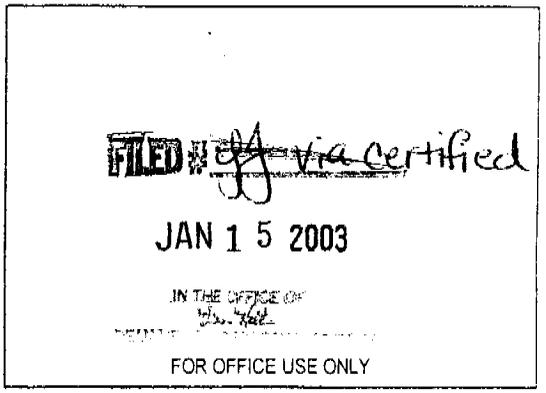
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Select Appropriate Box(es) [] CANDIDATE [X] PAC [] BAG [] POL PRY [] IND EXP [] AMENDED

[] 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

[X] Report #3 Due — January 15, 2003
Period: Oct. 25, 2002 — Jan. 3, 2003
BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002



BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any (134.97)

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)

Table with 2 columns: Description and Amount. Rows include: 1. Total amount of monetary contributions in excess of \$100 (1030.00), 2. Total amount of monetary contributions of \$100 or less (1409.00), Actual number of monetary contributions of \$100 or less (50), 3. Interest and income earned on contributions, if any (0), 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) (2439.00), 5. Total amount of In Kind Contributions (0).

EXPENSES SUMMARY

Table with 2 columns: Description and Amount. Rows include: 6. Total amount of monetary expenses in excess of \$100 (5,578.63), 7. Total amount of monetary expenses of \$100 or less (116.14), 8. Expense for filing fee (0), 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) (5694.77), Remaining Balance (Subtract line 9 from 4) (3255.77)*, 10. Total amount of In Kind Expenses (0).

AFFIRMATION

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

Signature [Handwritten Signature]

Date Executed On 1-15-03

*NCC has a positive cash balance as of 1-3-03. This report format does not include previous balance forwards. PAGE 1 OF 8