

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Name (print) Nevada Medical Political Action Committee Office (if applicable) _____ District (if applicable) _____
 3660 Baker Lane #101 Reno, NV 89509 (775) 825-6788
 Mailing Address (include city and zip code) _____ Telephone No. _____
 nsma@nsmadocs.org
 E-Mail Address _____

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Select Appropriate Box(es) CANDIDATE PAC BAG POL/PTY 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

FILED
 JAN 14 2003
 Secretary of State
 FOR OFFICE USE ONLY

- 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 \$ 375

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	<u>\$2,000</u>
2. Total amount of monetary contributions of \$100 or less	<u>\$5,250</u>
Actual number of monetary contributions of \$100 or less	<u>57</u>
3. Interest and income earned on contributions, if any	_____
4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3)	<u>\$7,250</u>
5. Total amount of In Kind Contributions	<u>0</u>

EXPENSES SUMMARY

6. Total amount of monetary expenses in excess of \$100	<u>\$7,000</u>
7. Total amount of monetary expenses of \$100 or less	<u>0</u>
8. Expense for filing fee	<u>0</u>
9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)	<u>\$7,000</u>
Remaining Balance (Subtract line 9 from 4)	<u>\$ 250</u>
10. Total amount of In Kind Expenses	_____

AFFIRMATION

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

Signature Lawrence P. Mathers

1/10/03
 Date Executed On