CAMPAIGN CONTRIBUTIONS **Report Period** # 1

NEVADA PHYSICAL THERAPY ASSOC PAC

Name (print) Office (if applicable) District (if applicable)

Contributions of $100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
3/23/02	$20
3/23/02	$60
3/23/02	$100
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$40
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$20
3/23/02	$100
3/23/02	$100
3/23/02	$20
3/23/02	$40
3/23/02	$20

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
3/23/02	$20
3/23/02	$20
3/23/02	$40
7/17/02	$100
7/17/02	$100
7/17/02	$50
7/17/02	$25
7/17/02	$25
7/19/02	$50
7/19/02	$25
7/19/02	$25
7/19/02	$50
7/19/02	$25
7/19/02	$25
7/19/02	$25
7/19/02	$50
7/19/02	$25
7/19/02	$50
7/20/02	$25
7/20/02	$25
7/20/02	$50
7/20/02	$50
7/20/02	$50
4/01/01	$45
4/01/01	$65
4/01/01	$60
4/01/01	$90

This page may be copied or duplicated if additional space is needed.

CAMPAIGN CONTRIBUTIONS Report Period # 1

NEVADA PHYSICAL THERAPY ASSOC PAC

Name (print) Office (if applicable) District (if applicable)

Contributions of $100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
4/1/01	22		
4/1/01	40		
4/1/01	40		
4/1/01	32		
4/1/01	100		
4/1/01	20		
4/1/01	40		
4/1/01	25		
4/1/01	22.50		
4/1/01	100.00		
4/1/01	85		
4/1/01	30		
4/1/01	100.00		
4/1/01	50		
4/1/01	100.00		
3/24/02	30		
3/24/02	70		
3/24/02	65		
3/24/02	40		
3/24/02	35		
3/24/02	18		
3/24/02	90		
3/24/02	88		

This page may be copied or duplicated if additional space is needed.

CAMPAIGN EXPENSES **Report Period** # 1

NEVADA PHYSICAL THERAPY ASSOC. PAC

Name (print) Office (if applicable) District (if applicable)

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 $4000.00	J

***** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.***

CAMPAIGN EXPENSES **Report Period** # 1

NEVADA PHYSICAL THERAPY ASSOC. PAC

Name (print) Office (if applicable) District (if applicable)

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
BERNICE MATTHEWS POB 2032 SPARKS, NV 89432	J	7/19/02	$500
RANDOLPH TOWNSEND POB 20923 RENO, NV 89515	J	7/19/02	$500
MARK AMODEI 805 W. SUNSET WAY CARSON CITY, NV 89703	J	7/19/02	$500
MAGGIE CARLTON 5540 E. CARTWRIGHT LAS VEGAS, NV 89110	J	7/19/02	$500
BARBARA BUCKLEY 5442 HOLBROOK DR. LAS VEGAS NV 89103	J	7/19/02	$500
CHRIS GIUNCHIGLIANI 706 BRACKEN AVE LAS VEGAS NV 89104	J	7/19/02	$300
ELLEN KOIVISTO 1147 TIMBER RIDGE LAS VEGAS 89110	J	7/19/02	$300
SHELIA LESLIE 825 HUMBOLDT RENO, NV 89509	J	7/19/02	$300
JOHN OCEGUERA 4560 EL CAMPANA LAS VEGAS NV 89121	J	7/19/02	$300

This page may be copied or duplicated if additional space is needed.

CAMPAIGN EXPENSES Report Period #1

NEVADA PHYSICAL THERAPY ASSOC. PAC

Name (print) Office (if applicable) District (if applicable)

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
DAVID R. PARKS POB 71887 LAS VEGAS NV 89104	J	7/19/02	$300

This page may be copied or duplicated if additional space is needed.