

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

NEVADA PHYSICAL THERAPY ASSOC, PAC

Name (print) Office (if applicable) District (if applicable)
Mailing Address (include city and zip code) Telephone No.
E-Mail Address

Select Appropriate Box(es) [] CANDIDATE [X] PAC [] BAG [] POL PRTY [] 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

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

FILE
NOV 01 2002
DEAN HELLER
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 \$200.00

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

EXPENSES SUMMARY

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

AFFIRMATION

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

Signature Date Executed On