

**2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES**

State of Nevada

NEVADA EMERGENCY PHYSICIAN PAC = NEPPAC

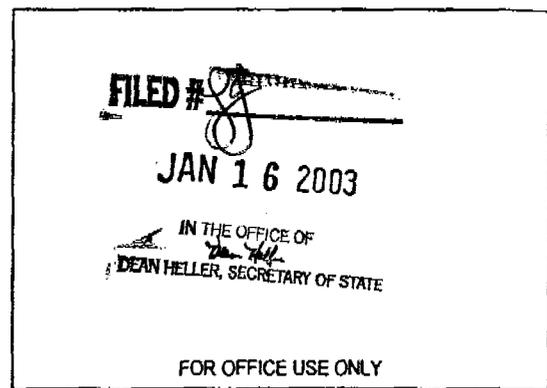
Name (print) NEVADA EMERGENCY PHYSICIAN PAC = NEPPAC Office (if applicable) 2020 HOMEVIEW CT LAS VEGAS, NV 89117 District (if applicable) 243-0455  
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

3 PAC 262

Select Appropriate Box(es)  CANDIDATE  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

- 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 683.00

**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 \$100 500
- 7. Total amount of monetary expenses of \$100 or less 25
- 8. Expense for filing fee \_\_\_\_\_
- 9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) 525
- Remaining Balance (Subtract line 9 from 4) \$158
- 10. Total amount of In Kind Expenses \_\_\_\_\_

**AFFIRMATION**

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

[Signature]

Signature

1/13/3  
Date Executed On