CAMPAIGN CONTRIBUTIONS Report Period #3

OPHTHALMIC POLITICAL ACTION CORP.
Name (print) Office (if applicable) District (if applicable)

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
CENTER FOR CHILD VISION 350 W. SIXTH ST., 3RD FL. RENO, NV 89503	12/5/02	500.00	
L. ALAN JOHNSON, M.D. 950 RYLAND ST. RENO, NV 89502	12/5/02	500.00	
WELLISH VISION INSTITUTE 2110 E FLAMINGO RD., #210 LAS VEGAS, NV 89119	12/5/02	500.00	
SHEPHERD EYE CENTER 3575 PECOS-MCLEOD LAS VEGAS, NV 89121	12/5/02	500.00	
NEVADA RETINA ASSOCIATES 610 SIERRA ROSE DR. RENO, NV 89511	12/5/02	500.00	
JUDY M. CRAYMERN 1550 MANAGUA DR. LAS VEGAS, NV 89123	12/5/02	500.00	
RAVINDRANATH REDDY, M.D. 108 E. LAKE MEAD DR, #303 HENDERSON, NV 89015-5536	12/5/02	250.00	
JOSEPH SHALEV, M.D. 108 E. LAKE MEAD DR., #303 HENDERSON, NV 89015-5536	12/5/02	500.00	
WELDON E. HIVNS, M.D., ESQ. 2567 PALOMA CIR. LAS VEGAS, NV 89121-5016	12/5/02	500.00	
MARK W. DOUGLAS 9011 W. SAHARA, #101 LAS VEGAS, NV 89117	12/5/02	500.00	

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CAMPAIGN EXPENSES

Reporting Period: #

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 CANDIDATE CONTRIBUTION	

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

CAMPAIGN EXPENSES Report Period #

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
SANDRA TIFFANY	J	10/14/02	1000.00

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