CAMPAIGN CONTRIBUTIONS

Report Period #3

Political Survival Fund Political Action Committee

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
Real Estate of Nevada PAC 760 Margrave Dr. #200 Reno NV 89502	11/5/02 11/12/02	62.78 2.30	

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

CAMPAIGN CONTRIBUTIONS Report Period # 3

Political Survival Fund Political Action Committee

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

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

CAMPAIGN EXPENSES Report Period # 3

Political Survival Fund Political Action Committee

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	J

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

CAMPAIGN EXPENSES **Report Period** **# 3**

Political Survival Fund Political Action Committee.

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

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

CAMPAIGN EXPENSES Report Period # 3

Political Survival Fund Political Action Committee

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

Expenses of $100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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