



SENIORS FOR BETTER HEALTHCARE

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.**

Name (print) Seniors For Better Healthcare 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
Steve Hill 1520 Castle Way St. Las Vegas, NV 89117	<input checked="" type="checkbox"/> Loan Repayment	<del>12/12/02</del> 12/12/02	\$3,500.00

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