

THE MANADA VICTORY FUND

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 <small>(See Previous Page)</small> NRS 284A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Assembly Republican Caucus	J	11/5/02 5 DEC 02	\$ 125.00

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