2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES — State of Nevada

United Food & Commercial Workers Union Local 711

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

1201 N. Decatur Blvd., Ste 116 Las Vegas, NV 89108 — 702-648-7112

Mailing Address (include city and zip code) | Telephone No.

E-Mail Address

3 PAC 612

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ 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

CERTIFIED MAIL FILED JAN 08 2003 Secretary of State LK

FOR OFFICE USE ONLY

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any _____

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 — $ 2,000.00
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) — $2,000.00
5. Total amount of In Kind Contributions _____

EXPENSES SUMMARY

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

AFFIRMATION

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

Wayne Quand — 1/8/03

Signature | Date Executed On