

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Name (print) ANNE DIMARTINI Office (if applicable) STATE ASSEMBLY District (if applicable) 29  
 Mailing Address (include city and zip code) 1584 SIGNAL BUTTE WAY HENDERSON, NV. 89012 Telephone No. 702-596-5411  
 E-Mail Address WARNER30@BIGPLANET.COM

Select Appropriate Box(es)  CANDIDATE  PAC  BAG  POL PRTY  IND EXP  AMENDED  ANNUAL FILING

Annual Filing - Due January 15, 2004  
 Period: January 1, 2003 - December 31, 2003

Report #1 - Due August 31, 2004  
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004  
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004  
 All others Period: Jan. 1, 2004 - Aug. 26, 2004  
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

Report #2 Due - October 26, 2004  
 Period: Aug. 27, 2004 - Oct. 21, 2004

Report #3 Due - January 15, 2005\*  
 Period: Oct. 22, 2004 - Dec. 31, 2004  
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

Annual Filing - Due January 15, 2005  
 Period: January 1, 2004 - December 31, 2004

\* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

**FILE**  
 AUG 31 2004  
*certified*  
 DEAN HELLER  
 SECRETARY OF STATE  
 FOR OFFICE USE ONLY

**CONTRIBUTIONS SUMMARY**

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	200	200
2. Total Monetary Contributions Received of \$100 or Less	0	0
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	200	200
4. Total Value of In Kind Contributions Received in Excess of \$100	0	0

**EXPENSES SUMMARY**

5. Total Monetary Expenses Paid in Excess of \$100	0	0
6. Total Monetary Expenses Paid of \$100 or Less	0	0
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	0	0
8. Total Value of In Kind Expenses in Excess of \$100	0	0

**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature *Anne DiMartini*

Date 8-31-04







**IN KIND CAMPAIGN EXPENSES**

Report Period # /

ANNE DIMARTINI  
Name (print)

ASSEMBLY  
Office (if applicable)

29  
District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
N/A			

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Prescribed by Secretary of State  
NRS 294A.120, 294A.125,  
294A.140, 294A.150, 294A.160  
294A.200, 294A.210, 294A.220, 294A.362