Previously mailed

CAMPAIGN EXPENSES

Report Period #

Nevada Business Coalition

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

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.385	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Wells Fargo Bank	A	01/2003	10.00
Wells Fargo Bank	A	02/2003	10.00
Wells Fargo Bank	A	03/2003	10.00
Wells Fargo Bank	A	04/2003	10.00
Wells Fargo Bank	A	05/2003	10.00
Wells Fargo Bank	A	06/2003	10.00
Wells Fargo Bank	A	07/2003	8.00
Wells Fargo Bank	A	08/2003	8.00
Wells Fargo Bank	A	09/2003	8.00
Wells Fargo Bank	A	10/2003	8.00
Wells Fargo Bank	A	11/2003	8.00
Wells Fargo Bank	A	12/2003	8.00

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