CAMPAIGN CONTRIBUTIONS Report Period #

Women's Campaig Fund
Name (print) Office (if applicable) District (if applicable)

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100
Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

Contributor's Name and Address	Date of Each Contribution	Amount of Each Contribution	Check Here if Loan
Jimmie L. Benedict 3960 Willow Springs Drive Reno, NV 89509	3/19/03 11/19/03	25.00 125.00	
Dawn M. Cica 930 South 3rd Street Las Vegas, NV 89101	5/28/03 10/30/03	100.00 600.00	
Claudia Cormier 7882 Fieldcreek Court Las Vegas, NV 89113	10/03/03	500.00	
Pamela Egan 10462 Rose Park Avenue Las Vegas, NV 89144	10/30/03	500.00	
Linda L. Heptner 3719 East Cherokee Avenue Las Vegas, NV 89121	6/24/03 12/03/03	100.00 25.00	
Margret McMillan 3030 South Valley Blvd. Las Vegas, NV 89512	10/17/03	300.00	
Jackie Picciani 3530 Deodar Street Silver Springs, NV 89429	3/10/03 11/12/03	50.00 100.00	
Amanda and Dave Totaro 2845 Olivia Heights Avenue Henderson, NV 89052	11/28/03	250.00	
Virginia Valentine 4054 Proud Eagle Lane Las Vegas, NV 89144	10/30/03	200.00	

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CAMPAIGN EXPENSES Report Period #

Women's Campaign Fund

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.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Circus Circus Hotel Casino 2800 Las Vegas Blvd. South Las Vegas, NV 89109	C	10/24/03	122.85

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IN KIND CAMPAIGN CONTRIBUTIONS	Report Period	#

Women's Campaign Fund

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

IN KIND

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100
Transfer Total Value of All In-Kind Campaign Contributions to Line 8 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN

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IN KIND CAMPAIGN EXPENSES	Report Period	#

Women's Campaig Fund

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

IN KIND

Expenses in Excess of $100
Transfer Total Value of All In-Kind Campaign Expenses to Line 13 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

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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