CAMPAIGN EXPENSES

Report Period: #

NV Victory 2000

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
Time Printing 1224 Western Av Las Vegas, NV 89102 (invoice late)	I In kind Lamuraglia	3/28/03	$1200.00

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