# SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES

2000 PRIMARY AND GENERAL ELECTIONS	State of Nevad
GARY Kellen ASS.	30
Candidate's Name(print) Office	District (if applicable)
628 Shary Ook Dr Sport No 85435	359-3496
Mailing Address (include city and zip code)	Telephone Number
REPORT NUMBER 2 - DUE OCTOBER 3  Report Period Begins: August 24, 2000  Report Period Ends: October 25, 2000	31, 2000
CONTRIBUTIONS SUMMARY	
1. From Report Number 1, total amount of contributions in excess of \$100	4126.00
2. From Report Number 1, total amount of contributions of \$100 or less	
3. Report Number 2, amount of contributions in excess of \$100	
4. Report Number 2, total amount of contributions of \$100 or less	
From Report Numbers 1 and 2, actual number of	
contributions of \$100 or less	
5. Interest and income earned, if any, during this report period	
6. TOTAL AMOUNT OF ALL CONTRIBUTIONS	to.
(add lines 1 through 5)	4/26.00
EXPENSES SUMMARY	
7. From Report Number 1, total amount of expenses in excess of \$100	\$ 126.00
8. From Report Number 1, total amount of expenses of \$100 or less	100,00
9. Report Number 2, total amount of expenses in excess of \$100	264.96
10. Report Number 2, total amount of expenses of \$100 or less	
11. TOTAL AMOUNT OF ALL EXPENSES	49001
(add lines 7 through 10)	110,96
If no contributions or expenses are listed during this Report Period, only this page of your filing officer.	the report needs to be filed wit
I declare under penalty of perjury that the foregoing is true and correct.	
Executed on Lot U OO Signature of Candidate	
Date  Prescribed by Secretary of State  URS 294A.120, 294A 200	

EL201 002(rev 04/00)

Total number of pages for this report \_\_\_\_\_

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**REPORT PERIOD Number 2** 

GARY Kellon	155	30
Candidate's Name (print)	Office	District (if applicable)

## Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(\$) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
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Candidate's Name (print)

District (if applicable)

#### Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION		DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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**REPORT PERIOD Number 2** 

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Candidate's Name (print)

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District (if applicable)

## **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	<u> </u>
Expenses related to special events	н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses HAND SUTS	J	264.96

PAGE	OF	•

GARY Kellen	Ass	30
Candidate's Name (print)	Office	District (if applicable)

# **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
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Gones Kellen	N82	30
Candidate's Name (print)	Office	District (if applicable)

## Expenses of \$100 or Less

DATE OFFACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY		DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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# SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES

2000 PRIMARY AND GENERAL ELECTIONS	State of Nevada
GARY Koller Ass	30
Candidate's Name(print) Office	District (if applicable)
1628 Shapy Ook Dr Spanks	359-3496
Mailing Address (include city and zip code)	Telephone Number
REPORT NUMBER 3 - DUE JANUARY 1  Report Period Begins: October 26, 2000  Report Period Ends: January 5, 2001	5, 2001
CONTRIBUTIONS SUMMARY	
1. From Report Numbers 1 and 2, total amount of contributions in excess of \$100	9126,00
2. From Report Numbers 1 and 2, total amount of contributions of \$100 or less	
3. Report Number 3, total amount of contributions in excess of \$100	
4. Report Number 3, total amount of contributions of \$100 or less	
From Report Numbers 1, 2, and 3, actual number of	
contributions of \$100 or less	
6. Interest and income earned, if any, during this report period	
7. TOTAL AMOUNT OF ALL CONTRIBUTIONS	#
(add lines 1 through 6)	<u>11726.00</u>
EXPENSES SUMMARY	
8. From Report Numbers 1 and 2, total amount of expenses in	149091
excess of \$100	490.96
9. From Report Numbers 1 and 2, total amount of expenses of \$100	
or less	
10. Report Number 3, total amount of expenses in excess of \$100	
11. Report Number 3, total amount of expenses of \$100 or less	
12. TOTAL AMOUNT OF ALL EXPENSES	719296
(add lines 7 through 11)	410.10
If no contributions or expenses are listed during this Report Period, only this page of two your filing officer.	he report needs to be filed with
I declare under penalty of perjury that the foregoing is true and correct.	Q _
Executed on Date Signature of Candidate	
Prescribed by Secretary of State NRS 294A 120, 294A 200	41.50

EL201 003(rev. 04/00)

Total number of pages for this report \_\_

Candidate's Name (print)	Office	District (if applicable)

## Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
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Candidate's Name (print)	Office	District (if applicable)

#### **Contributions of \$100 or less**

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	1	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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Candidate's Name (print)	Office	District (if applicable,

# **Expenses Categories**

CATEGORIES	CODE	TOTALS TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

PAGE	OF	

Candidate's Name (print)	Office	District (if applicable)
	Expenses in Excess of	\$100

# CATEGORY NAME AND ADDRESS OF PERSON, AMOUNT(S) OF DATE(S) OF EACH GROUP OR ORGANIZATION WHO EXPENSE **EACH EXPENSE** RECEIVED THE PAYMENT FOR THE EXPENSE(S)

PAGE	OF
PAGE	OF

Candidate's Name (print)	Office	District (if applicable)	
	Expenses of \$100 or Less		

DATE OF EACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGORY
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DATE OF EACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGORY
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