

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS**

State of Nevada

GARY Kellen	Ass.	30
Candidate's Name(print)	Office	District (if applicable)
1628 Shady Oak Dr	Sparks NV 89434	359-3496
Mailing Address (include city and zip code)		Telephone Number

REPORT NUMBER 2 - DUE OCTOBER 31, 2000

Report Period **Begins:** August 24, 2000
Report Period **Ends:** October 25, 2000

CONTRIBUTIONS SUMMARY

1. From Report Number 1, total amount of contributions in excess of \$100	\$126.00
2. From Report Number 1, total amount of contributions of \$100 or less	0
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 (add lines 1 through 5)	\$126.00

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 (add lines 7 through 10)	490.96

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/4/00
Date

[Signature]
Signature of Candidate

GARY KELLER
Candidate's Name (print)

ASS
Office

30
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

GARY KELLEN
Candidate's Name (print)

ASS
Office

30
District (if applicable)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION

This page may be copied or duplicated if additional space is needed.

⑤ GARY Keller Ass 30
 Candidate's Name (print) Office District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
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	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses <u>HAND OUTS</u>	J	<u>264.96</u>

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
24 Reno Kinkos Copies CAL AVE.	HANDOUTS	8/28/00	108.86
Kinkos Copies 24 CAL AVE	"	8/31/00	156.10

This page may be copied or duplicated if additional space is needed.

Gary Keller
Candidate's Name (print)

ASS
Office

30
District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

This page may be copied or duplicated if additional space is needed.

SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

GARY Kellen	Ass	30
Candidate's Name(print)	Office	District (if applicable)
1628 Shady Oak Dr Sparks		359-3496
Mailing Address (include city and zip code)		Telephone Number

REPORT NUMBER 3 - DUE JANUARY 15, 2001

Report Period **Begins:** October 26, 2000
 Report Period **Ends:** January 5, 2001

CONTRIBUTIONS SUMMARY

1. From Report Numbers 1 and 2, total amount of contributions in excess of \$100	\$126.00
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)	\$126.00

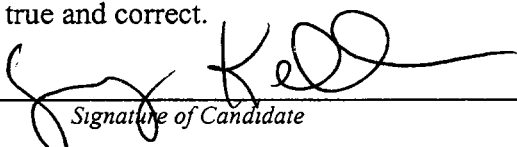
EXPENSES SUMMARY

8. From Report Numbers 1 and 2, total amount of expenses in 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 (add lines 7 through 11)	\$490.96

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/4/00
Date


Signature of Candidate

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

This page may be copied or duplicated if additional space is needed.

Candidate's Name (print)

Office

District (if applicable)

Contributions of \$100 or less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION

This page may be copied or duplicated if additional space is needed.

Candidate's Name (print)

Office

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
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	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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

This page may be copied or duplicated if additional space is needed.

Candidate's Name (print)

Office

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGORY

DATE OF EACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGORY

This page may be copied or duplicated if additional space is needed.