

**REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**  
**1999 PRIMARY AND GENERAL CITY ELECTIONS**

State of Nevada

James M Carlson Jr Muni Cret Judge Dist 2

CANDIDATE'S NAME (print) OFFICE DISTRICT (if applicable)

206 Chestnut Ridge Cr Henderson NV (702) 260-9203  
 MAILING ADDRESS (include city and zip code) 89012 TELEPHONE NUMBER

**REPORT NUMBER 3 - DUE AUGUST 16, 1999**

Report Period Begins: May 27, 1999

Report Period Ends: July 7, 1999

RECEIVED  
 CITY CLERK'S OFFICE  
 CITY OF HENDERSON  
 JUL 12 11 AM '99

CONTRIBUTIONS AND EXPENSES SUMMARY	This Period	Total since the beginning of Report Period No. 1
TOTAL AMOUNT OF CONTRIBUTIONS IN EXCESS OF \$100	0	0
TOTAL AMOUNT OF CONTRIBUTIONS LESS THAN OR EQUAL TO \$100	0	0
The actual number of contributions received that were less than or equal to \$100: 0		
INTEREST ACCRUED (if any)	0	0
TOTAL AMOUNT OF ALL CONTRIBUTIONS (including those under \$100)	0	0
TOTAL AMOUNT OF ALL EXPENSES	0	\$8,291.13

(If no contributions or expenditures are listed during "this 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 7/6/99  
 Date

[Signature]  
 Signature of Candidate

Prescribed by Secretary of State  
 NRS 294A.120, 294A.200  
 ELPG201.003 (rev. 01/99)

Total number of pages for this report 1

Candidate's Name (print)

Office

District (if applicable)

Contributions in excess of \$100 or, when added together, in excess of \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
N/A				

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*Candidate's Name (print)* \_\_\_\_\_ *Office* \_\_\_\_\_ *District (if applicable)* \_\_\_\_\_

CATEGORIES OF EXPENSES	CODE	AMOUNT OF EXPENSES THIS PERIOD	TOTAL AMOUNT OF EXPENSES SINCE THE BEGINNING OF REPORT PERIOD NO. 1
Office expenses	A	N/A	
Expenses related to volunteers	B		
Travel	C		
Television	D		
Newspaper advertising	E		
Radio	F		
Billboards	G		
Printed signs, poster, fliers, novelty items, T-shirts, buttons, brochures	H		
Direct mail	I		
Paid staff	J		
Consultants	K		
Polling	L		
Special events	M		
Usual and normal estimated value of goods and services provided "in kind"	N		
On-line services	O		
Other miscellaneous expenses (Including contributions to candidates)	P		
<b>TOTAL AMOUNT OF EXPENSES</b>			

*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 EXPENSES	CATEGORY OF EXPENSES (LIST CODE)	DATE(S) OF EACH PAYMENT	AMOUNT(S) OF EACH PAYMENT
N/A			

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