CAMPAIGN CONTRIBUTIONS Report Period # 1

IUPAT Glaziers Local Union 2001 Pac Fund

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

Contributions of $100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
8-29-02	500-		
9-19-02	1000.-		
9-20-02	1000.-		
9-20-02	1000.-		
10-15-02	300.-		

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CONTRIBUTIONS Report Period # 2

IUPAT Glaziers Local Union 2001 Pac Fund

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

IN KIND

Contributions of $100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION

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IN KIND CAMPAIGN CONTRIBUTIONS

Report Period # 2

IUPAT Glaziers Local Union 2001 Pac 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

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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CAMPAIGN EXPENSES Report Period # 1

I.I.PAT Glaziers Local Union 2001 Pac Fund

Name (print) Office (if applicable) 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

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CAMPAIGN EXPENSES Report Period # 2

IUPAT Glaziers Local Union 2001 PAC FUND

Name (print) Office (if applicable) 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 (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE

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IN KIND CAMPAIGN EXPENSES

Report Period # 4

IUPAT Glaziers Local Union 2002 Pac Fund

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

IN KIND

Expenses in Excess of $100

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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KIND CAMPAIGN
EXPENSES

Report Period | #

IUPAT Glaziers Local Union 2001 Pac Fund
Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses of $100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State
NRS 294A.120, 294A.140, 294A.150
294A.200, 294A.210, 294A.220, 294A.362