

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Roofers' Political Education and Legislative Fund

Name (print) Roofers' Political Education and Legislative Fund Office (if applicable) _____ District (if applicable) _____
 1660 L Street, N.W., Suite 800, Washington, D.C. 20036-5603 (202) 463-7663
 Mailing Address (include city and zip code) _____ Telephone No. _____
 kinseyr@unionroofers.com
 E-Mail Address _____

2 PAC 99

Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED

- Report #1 — Due August 27, 2002**
 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002
 Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002
 Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002
 BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002

- Report #2 Due — October 29, 2002**
 Period: Aug. 23, 2002 — Oct. 24, 2002

- Report #3 Due — January 15, 2003**
 Period: Oct. 25, 2002 — Jan. 3, 2003
 BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

FILED
 OCT 28 2002
 Secretary of State
 FOR OFFICE USE ONLY

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any -0-

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- 1. Total amount of monetary contributions in excess of \$100 -0-
- 2. Total amount of monetary contributions of \$100 or less -0-
 Actual number of monetary contributions of \$100 or less _____
- 3. Interest and income earned on contributions, if any -0-
- 4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) -0-
- 5. Total amount of In Kind Contributions -0-

EXPENSES SUMMARY

- 6. Total amount of monetary expenses in excess of \$100 -0-
- 7. Total amount of monetary expenses of \$100 or less -0-
- 8. Expense for filing fee -0-
- 9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) -0-
- Remaining Balance** (Subtract line 9 from 4) -0-
- 10. Total amount of In Kind Expenses -0-

AFFIRMATION

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

Signature [Handwritten Signature]

10/28/02
 Date Executed On