

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

3PAC 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

CERT. MAIL
 FILED # _____
 JAN 14 2003
 IN THE OFFICE OF
 DEAN HELLER, 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]*

1/14/03
 Date Executed On