

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Greg Esposito Plumbers & Pipefitters Local 525 PAC

Name (print) *760 N Lamb* Office (if applicable) *LV NV 89110* District (if applicable)

Mailing Address (include city and zip code) *Local 525 PAC@com.net* Telephone No. *702-452-1520*

E-Mail Address

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

- Report #1 Due — March 29, 2005**
Period: Jan. 1, 2005 - Mar. 24, 2005
- Report #2 Due — May 31, 2005**
Period: Mar. 25, 2005 — May 26, 2005
- Report #3 Due — July 15, 2005**
Period: May 27, 2005 — June 30, 2005
- Annual Filing — Due January 15, 2006**
Period: January 1, 2005 – December 31, 2005

For Office Use Only
FILE
 JUL 15 2005 *kg*
 DEAN HELLER
 SECRETARY OF STATE

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100		6,799.67
2. Total Monetary Contributions Received of \$100 or Less	∅	∅
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)		6,799.67
4. Total Value of In Kind Contributions Received in Excess of \$100	∅	∅
		34,226.40

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	∅	7,926.25
6. Total Monetary Expenses Paid of \$100 or Less	∅	∅
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)		7,926.25
8. Total Value of In Kind Expenses in Excess of \$100	∅	∅

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Greg Esposito
Signature

7/14/05
Date

IN KIND CAMPAIGN CONTRIBUTIONS

Report Period

3

Plumbers + Pipefitters Local 525

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

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
<i>Ø</i>	<i>Ø</i>	<i>Ø</i>	<i>Ø</i>	<i>Ø</i>

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

IN KIND CAMPAIGN EXPENSES

Report Period

3

Plumbers + Pipefitters Local 525

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

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
<i>Ø</i>	<i>Ø</i>	<i>Ø</i>	<i>Ø</i>

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

Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.360, 294A.362, 294A.365



MEDICAL / DENTAL / VISION

NEW HEALTH PROGRAM

7- Day OPEN SIGNUP by Friday with NO HEALTH QUESTIONS

**MONTHLY PRICE COVERS
INDIVIDUAL FOR**

\$89.⁹⁵

**Family
\$109.95**

**\$10, \$20 and \$40
MAX-PAY
PRESCRIPTION
CARD**

Health Care includes:

- Doctor Visits
- Hospital Visits
- Emergency Room
- Urgent Care Facilities
- Physical Therapy
- 7.5K Medical Accident
- 25K Accidental D&D
- Outpatient Testing
- Dental
- Vision
- Hearing
- Chiropractic Care
- 24 Hour Nurse Hotline
- Maternity

- All physical conditions accepted!
- No age restrictions!
- Monthly pricing will never go up once you are in the program!
- No deductibles!
- No limitations on usage!
- You cannot be singled out for rate increases or cancellations!

CALL TOLL-FREE TODAY !

1(866) 683-0755

Mon-Fri 7am – 6pm (CST)

Se Habla Espanol

(con o sin seguro social)