

# CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

*Plumbers + Pipefitters Local 525*

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

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

E-Mail Address

Select Appropriate Box(es)  CANDIDATE  PAC  BAG  POL PRY  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 19 2005  
DEAN HELLER  
SECRETARY OF STATE  
*[Signature]*  
652

## 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	34,226.40
2. Total Monetary Contributions Received of \$100 or Less	∅	∅
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	6,799.67	34,226.40
4. Total Value of In Kind Contributions Received in Excess of \$100	∅	∅

## EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	750.00	8,676.25
6. Total Monetary Expenses Paid of \$100 or Less	∅	∅
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	750.00	8,676.25
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.

*[Signature]*  
Signature

7/19/05  
Date



**CAMPAIGN EXPENSES**

Report Period # **3**

*Plumbers + Pipefitters Local 525 PAC*

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100**  
**Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

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
<i>ABPA 1830 E Sahara Suite 305 89104</i>	<i>J</i>	<i>6/1/05</i>	<i>250.00</i>
<i>Andres Ramirez</i>	<i>Campaign Contribution</i>	<i>5/27/05</i>	<i>500.00</i>

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**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
Ø	Ø	Ø	Ø	Ø

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**IN KIND CAMPAIGN EXPENSES**

Report Period # 3

Name (print) Plumbers + Pipefitters Local 525 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
Ø	Ø	Ø	Ø

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Prescribed by Secretary of State  
 NRS 294A.120, 294A.125,  
 294A.140, 294A.150, 294A.160  
 294A.200, 294A.210, 294A.220, 294A.300, 294A.362, 294A.365

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Revised: Feb-05

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