

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Plumbers, Pipefitters & Service Technicians Local 525

Name (print) Office (if applicable) District (if applicable)
760 N Lamb Las Vegas NV 89111
Greg@Local525.org
E-Mail Address

Select Appropriate Box(es): [X] CANDIDATE [ ] PAC [ ] POL PRTY [ ] IND EXP [ ] NONPROFIT CORP
[ ] AMENDED [ ] LEGAL DEFENSE FUND

- [ ] Annual Filing - Due January 15, 2009
[ ] Report #1 - Due March 31, 2009\*
[X] Report #2 Due - May 26, 2009\*
[ ] Report #3 Due - July 15, 2009\*
[ ] Annual Filing - Due January 15, 2010

FILED
MAY 26 2009
SECRETARY OF STATE
ELECTIONS DIVISION
FOR OFFICE USE ONLY

21363

\* These Reports are filed by incumbents/candidates running for office in the 2009 election cycle
\*\* These Reports are filed by incumbents not running for office this cycle who: (1) raised contributions in excess of \$100; or (2) have money left over from a previous campaign

CONTRIBUTIONS SUMMARY

Table with 2 columns: Description, This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Rows include Total Monetary Contributions Received in Excess of \$100, Total Amount of Monetary Contributions Received, Total Amount of Written Commitments for Contributions, and Total Value of In Kind Contributions Received in Excess of \$100.

EXPENSES SUMMARY

Table with 2 columns: Description, This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Rows include Total Monetary Expenses Paid in Excess of \$100, Total Monetary Expenses Paid of \$100 or Less, Total Amount of All Monetary Expenses Paid, and Disposition of Unspent Contributions.

AFFIRMATION

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

Signature: [Handwritten Signature] 5/26/09

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[Handwritten mark]



**CAMPAIGN EXPENSES**

**Report Period # 2**

**Plumbers, Pipefitters & Service Technicians Local 525**

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100  
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary**

<b>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)</b>	<b>CATEGORY</b> (See Previous Page) NRS 294A.365	<b>DATE OF EACH EXPENSE</b>	<b>AMOUNT OF EACH EXPENSE</b>
American Benefit Plan Administrators 1830 E Sahara Suite 305 Las Vegas NV 89104	A	04/01/2009	\$250
Same	A	05/01/2009	\$250
Kathleen Boutin 1420 Clipperton Ave Henderson NV 89074	J	05/06/2009	\$4,500
Glenn Trowbridge 8112 Pacific Cove Dr Las Vegas NV 89128	J	04/29/2009	\$5,000
Anita Wood 4108 Bola Dr North Las Vegas NV 89032	J	04/30/2009	\$2,500
Cam Walker Boulder Boulder City	J	04/02/2009	\$2,500
Same	J	04/29/2009	\$2,500
Steve Kirk 2018 Deer Springs Dr Henderson NV, 89074	J	04/02/2009	\$5,000
Paradise Democratic Club 7744 Rockfield Dr. Las Vegas NV, 89128	H	04/22/2009	\$700
Arthur A. "Andy" Hafen 280 W. Fairway Rd. Henderson NV 89015	J	04/30/2009	\$5,000
M & I Bank Visa PO Box 1111 Madison, WI 53701	J	05/11/2009	\$521.60
Shari Buck 1529 Silent Sunset Av North Las Vegas NV 89084	J	05/21/2009	\$2,500

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