

DISPOSITION OF UNSPENT CONTRIBUTIONS REPORT

State of Nevada

Name (print) BOB COFFIN Office (Held/Seeking) STATE SENATE District 10
 Mailing Address (include city and zip code) 1139 5th PLACE LAS VEGAS NV 89104 Telephone No. 386-1096
 E-Mail Address BCOFFIN@SEN.STATE.NV.US

Select Appropriate Box

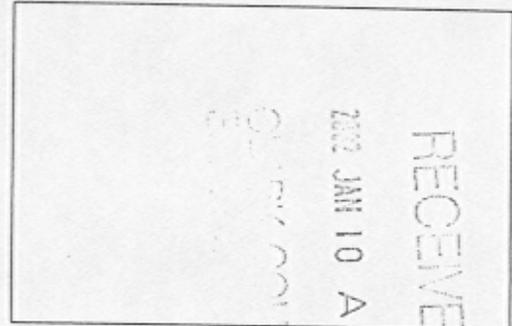
ELECTED PUBLIC OFFICER CANDIDATE

ELECTED PUBLIC OFFICER (select appropriate report filing)

- Report Due – January 15, 2002
- Report Due – 15th day of the second month after leaving office

CANDIDATE (select appropriate report filing)

- Report Due – 15th day of the second month after election
- Report Due – 15th day of the second month after defeat



**ELECTED PUBLIC OFFICER
Explanation of Disposition**

This report should reflect the disposition of any remaining campaign contributions from your previous election cycle only

BEGINNING BALANCE

The balance of unspent contributions reported on your last Disposition of Unspent Contributions Report – filed January 15, 2001

\$ 0

| AMOUNT | DISPOSITION |
|--|-------------|
| | |
| | |
| | |
| | |
| REMAINING BALANCE AS OF DECEMBER 31, 2001 | \$ <u>0</u> |

CANDIDATE

Explanation of Disposition

This report should reflect the disposition of any remaining campaign contributions from current campaign cycle

| AMOUNT | DISPOSITION |
|--|-------------|
| | |
| | |
| | |
| | |
| REMAINING BALANCE OF UNSPENT CAMPAIGN CONTRIBUTIONS | \$ <u>0</u> |

AFFIRMATION

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

Signature Bob Coffin

Date Executed On 1/10/02