

BRIAN SCROBBINS

STATE SENATE

9

Name (print)

Office (if applicable)

District (if applicable)

5234 S. PROCVON, LAS VEGAS, NV 89118

(702) 798-7090

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

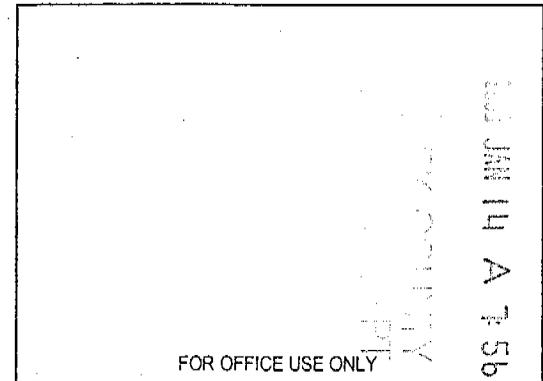
304N234

Select Appropriate Box(es) [X] 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

- [X] Report #3 Due - January 15, 2003
Period: Oct. 25, 2002 - Jan. 3, 2003
BAGs only: Period: Oct. 25, 2002 - Dec. 5, 2002



RECEIVED

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any 77.86

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 2.44
4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) 80.30
5. Total amount of In Kind Contributions 0

EXPENSES SUMMARY

- 6. Total amount of monetary expenses in excess of \$100 -
7. Total amount of monetary expenses of \$100 or less 80.30
8. Expense for filing fee -
9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) 80.30
Remaining Balance (Subtract line 9 from 4) 0

- 10. Total amount of In Kind Expenses

AFFIRMATION

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

Signature

Date Executed On