

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) BOB COFFIN Office (if applicable) STATE SENATE District (if applicable) 10  
 Mailing Address (include city and zip code) 1139 5TH PLACE LAS VEGAS 89104 Telephone No. 702 384 9501  
 E-Mail Address BOCOFFIN@SONI.STATE.NV.US

Select Appropriate Box(es)  CANDIDATE  PAC  BAG  POL PRTY  IND EXP  NONPROFIT CORP  
 AMENDED  ANNUAL FILING  PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- Annual Filing - Due January 15, 2006  
Period: January 1, 2005 - December 31, 2005
- Report #1 - Due August 8, 2006\*  
Period: Jan. 1, 2006 - Aug 3, 2006
- Report #2 Due - October 31, 2006\*  
Period: Aug. 4, 2006 - Oct. 26, 2006
- Report #3 Due - January 15, 2007\*\*  
Period: Oct. 27, 2006 - Dec. 31, 2006
- Annual Filing - Due January 15, 2007  
Period: January 1, 2006 - December 31, 2006

FOR OFFICE USE ONLY

\* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle  
 \*\* Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

- 1. Total Monetary Contributions Received in Excess of \$100  
(See page 1 of instruction sheet)
- 2. Total Monetary Contributions Received of \$100 or Less  
(See page 2 of instruction sheet)
- 3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
- 4. Total Monetary Contributions in the form of loans that were forgiven  
(See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
14550	88600
0	0
0	0
0	0

- 5. Total Amount of Monetary Contributions Received  
(Add Lines 1 through 4) (See page 2 of instruction sheet)
- 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))  
(See page 2 of instruction sheet)
- 7. Total Value of In Kind Contributions Received in Excess of \$100  
(See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
14550	88600
0	0
0	0

EXPENSES SUMMARY

- 8. Total Monetary Expenses Paid in Excess of \$100  
(See page 2 of instruction sheet)
- 9. Total Monetary Expenses Paid of \$100 or Less  
(See page 2 of instruction sheet)
- 10. Total Amount of All Monetary Expenses Paid  
(Add Lines 8 and 9) (See page 2 of instruction sheet)
- 11. Total Value of In Kind Expenses in Excess of \$100  
(See page 3 of instruction sheet)
- 12. Disposition of Unspent Contributions  
(Only reported on Report #3, Annual Report or 15<sup>th</sup> day of the second month after candidates defeat or incumbent does not run for reelection)  
(See page 3 of instruction sheet)

4551	82185
0	0
4551	82185
0	0
23538	

AFFIRMATION

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

Signature Bob Coffin Date 1/15/07  
 EL201.doc Revised: Sep-05 PAGE 1 OF 4

2001 JAN 16 4 10 56

CAMPAIGN CONTRIBUTIONS

Report Period # 3

BOB COFFIN  
Name (print)

STATE SENATE  
Office (if applicable)

10  
District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
GEO. FLINT ASSOC. FUNDA 1206 STARR AVE WELLS NV	10/30	750			
AMERICAN CASINO AND ENTERTAINMENT 2000 L.V. BLVD SO. LAS VEGAS NV	10/30	500			
I.G.T. PO BOX 10580 RENO NV	10/30	2500			
SUNRISE HEALTHCARE PAC 3186 MARYLAND PK LAS VEGAS NV	10/30	500			
NEWMONT USA 1700 LINCOLN DENVER CO	11/6	2500			
REPUBLICS VC. PO BOX 9850 LAS VEGAS NV	11/6	500			
REPUBLIC ENVIRONMENTAL TECH PO BOX 9850 LAS VEGAS NV	11/6	500			
REPUBLIC DISPOSAL URBAN MAINTENANCE PO. BOX 9850 LAS VEGAS NV	11/6	500			
VST PUBLIC AFFAIRS 100 W. PUTNAM GREENWICH CONN	11/14	500			
MOUNTAIN VIEW ESTATES 5500 E. FLAMINGO LAS VEGAS NV	11/14	1200			
DUFFERS LLC 5500 E. FLAMINGO LAS VEGAS NV	11/14	1200			
SWG INC. 5500 E. FLAMINGO LAS VEGAS NV	11/14	1200			
W.G. DEVELOPMENT LLC 5500 E. FLAMINGO LAS VEGAS NV	11/14	1200			
NV CREDIT UNION LEAGUE PAC 9500 CLEVELAND RANCHO CUCAMONGA CALIF.	12/23	1000			

14550

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BOB COFFIN

STATE SENATE

10

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

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
OFFICE MAX MARY LAND PKWY LAS VEGAS NV	A	11/5	448
WALTER COFFIN 1139 5TH PL. LAS VEGAS	B	11/6	500
CARLOS BLUMBERG CAMPAIGN LAS VEGAS NV	CAMPAIGN CONTRIB	11/7	250
SPRINT PCS LAS VEGAS NV	A	11/8	456
FAITH LUTHERAN SCHOOL TECHNOLOGY FUND HUALAPAI DR LAS VEGAS NV	J	11/11	500
KEKU KAMA LANI LAS VEGAS NV	E	11/11	750
D. M. V CARSON CITY	A	11/22	46
AMERICAN EXPRESS (MINING + HOSPITAL ASSOC EXP) NEW YORK	C	11/22	299
UNLV FOUNDATION 4505 MARY LAND PK LAS VEGAS NV	H	11/22	100
GRAY & ASSOC 706 BRACKIN LAS VEGAS NV (FOR BON CONTINUE)	CAMPAIGN CONTRIB	12/6	500
U.S. POSTAL SERVICE LAS VEGAS NV	A	12/9	295
TPC FUND FOR MEDICAL EXP FOR DORCEN DYKES FUND.	J	12/22	200

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Name (print) BOB COFFIN Office (if applicable) STATE SENATE District (if applicable) 10

Expenses in Excess of \$100  
 Transfer Total Amount of All Campaign Expenses to Line 8 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
EMBARQ LAS VEGAS, NV	A	12/31	14
KINCAID FLOWERS NORTH LAS VEGAS NV	A	1/5/07	59
SPRINT PCS LAS VEGAS NV	A	1/5/07	134

4551

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