

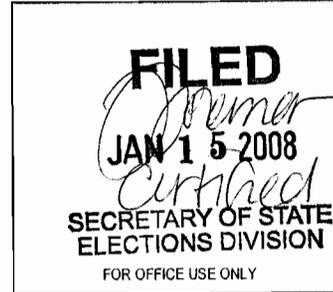
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

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 Telephone No. 702 384 9501  
 E-Mail Address BCOFFIN@SEN.STATE.NV.US

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

- Annual Filing - Due January 15, 2008**  
 Period: January 1, 2007 – December 31, 2007
- Report #1 — Due August 5, 2008\***  
 Period: Jan. 1, 2008 — July 31, 2008
- Report #2 Due — October 28, 2008\***  
 Period: Aug. 1, 2008 — Oct. 23, 2008
- Report #3 Due — January 15, 2009\*\*/\*\***  
 Period: Oct. 24, 2008 — Dec. 31, 2008
- Annual Filing – Due January 15, 2009**  
 Period: January 1, 2008 – December 31, 2008



17851

\* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle  
 \*\* Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

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 (See page 1 of instruction sheet)	1000	
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)		
	<b>This Period</b>	<b>Cumulative From Beginning of Report Period #1 Through End of This Reporting Period</b>
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	1000	
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)		

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	21418	
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	465	
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	21883	
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)		

AFFIRMATION

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

Signature Bob Coffin

Date 1/14/08



**CAMPAIGN EXPENSES**

Report Period

# A

Name (print) BOB COFFIN

Office (if applicable) SENATE

District (if applicable) 10

**Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # **A**

Name (print) **BOB COFFIN** Office (if applicable) **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
REBEL GOLF FOUNDATION 4505 MARY LAW PK LAS VEGAS NV	J	5/20/07	350
FAITH LUTHERAN SCHOOL HUACAPA LAS VEGAS NV	J	5/20/07	1000
BEVERLY CHAPIN CARSON CITY LATIN CHAMBER LAS VEGAS NV	E	6/4/07	500
AMERICAN EXPRESS (NCSL) NEW YORK	E	6/29	280
CHASE BANK (CSGWEST) NEW YORK	C	6/29	235
CHASE BANK (CSGWEST) NEW YORK	C	7/27	137
REVIEW JOURNAL LAS VEGAS NV	A	8/14	234
TPC SUMMERLIN (WOUNOOP WARRIOR) LAS VEGAS NV	H	8/28	750
AMERICAN EXPRESS (KOREA TRAVEL) NEW YORK NCSL	C	8/31	1592
RALSTON FLASH LAS VEGAS	A	8/31	299
EMERGE NEVADA LAS VEGAS NV	J	8/31	200
KNPR LAS VEGAS NV	H	8/31	250

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CAMPAIGN EXPENSES

Report Period # A

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

Expenses in Excess of \$100  
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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
TORTOISE Group LAS VEGAS NV	J	2/10/07	250
HELP OF SONEV LAS VEGAS NV	H J	8/31/07 2/10/07	1000 200
LOIS TARKAVIAN CAMPAIGN LAS VEGAS NV	J	2/11/07	200
PLAZA HOTEL CARSON CITY	J	2/26/07 3/26/07 4/24/07	750 800 750
COSTCO CARSON CITY	A	3/7/07	299
GARY REESE CAMPAIGN LAS VEGAS NV	J	3/11/07	200
LEGISLATIVE COUNSEL CARSON CITY NV	A	4/25/07 3/13/07	246 265
NV DIABETES ASSN. CARSON CITY NV	J	4/2/07	100
CECELIA GOODMAN 1412 BRIOGER LAS VEGAS NV	E.	4/14/07	300
TPC Summerlin LAS VEGAS NV	D	4/20/07	1077
AMERICAN EXPRESS NEW YORK CITY	J	4/30/07	266
FOREVER YOUNG FUND YOUNG DEMOCRATS LAS VEGAS NV	J	5/20/07	250

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CAMPAIGN EXPENSES

Report Period

# **A**

Name (print) **BOB COFFIN**

Office (if applicable) **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
PAT CLARK PONTIAC	C	1/17	541
CHARTER CABLE CARSON CITY	J	1/22 4/30	102 125
SPRINT PCS	A	2/10/07 3/24/07 4/30/07	191 109 167
		6/10/07 6/29/07 7/26/07	177 443 588
		8/31/07 12/1/07 12/11/07	308 510 283
STORAGE ONE LAS VEGAS NV	A	2/10/07 2/25/07 4/11/07	204 195 162
		4/30/07 6/29/07	162 494
EMBARQ LAS VEGAS NV	A	2/10/07	160
NEVADA POWER LAS VEGAS	A	8/31	164

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Expenses in Excess of \$100  
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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
AMERICAN EXPRESS NCSL - SAN JUAN NAT GUARD NEW YORK NY	C	9/28/07	2824
CHASE BANK CSG TETON Lodge NEW YORK	C	9/28/07	628
REIMBURSEMENT FOR TRAVEL FROM LCB	C	11/20/07	(2964)
U.S. POSTAL SERVICE LAS VEGAS NV	A	12/1/07	401

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