

**CAMPAIGN CONTRIBUTIONS
THE TOTALS OF WHICH EXCEED \$10,000**

State of Nevada

Robert L. Eliason
Name (print)

City Council
Office (Held/Seeking)

Ward 1
District (if applicable)

2016 Reynolds Ct.
Mailing Address (include city and zip code)

649-2590
Telephone No.

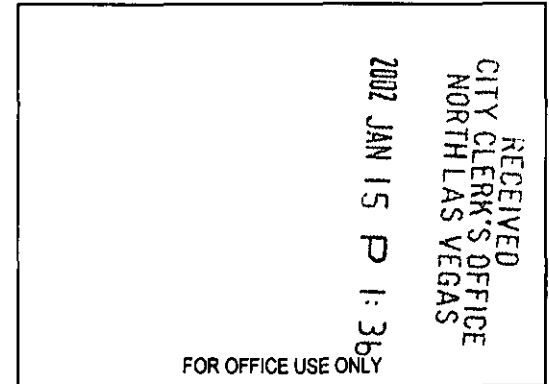
E-Mail Address

Select Appropriate Box:

ORIGINAL

AMENDED

Report Due January 15, 2002
Period January 1, 2001 – December 31, 2001



BALANCE

Opening Balance as of January 1, 2001 0

Ending Balance as of December 31, 2001 0

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 (NRS 294A.007)

1. Total amount of contributions in excess of \$100 0

2. Total amount of contributions of \$100 or less 0

Actual number of contributions of \$100 or less _____

3. Interest and income earned, if any 0

4. **TOTAL AMOUNT OF ALL CONTRIBUTIONS** (add lines 1 through 3) 0

5. Total amount of In Kind Contributions 0

EXPENSES SUMMARY

5. Total amount of expenses in excess of \$100 0

6. Total amount of expenses of \$100 or less 0

7. **TOTAL AMOUNT OF ALL EXPENSES** (add lines 5 and 6) 0

Remaining Balance (Subtract line 7 from 4) 0

8. Total amount of In Kind Expenses 0

AFFIRMATION

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

Robert L. Eliason
Signature

1-15-02
Date Executed On

Robert L Eliason
Name (print)

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District (if applicable)

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 separately. For your convenience a form is attached.**

**IN KIND
CAMPAIGN EXPENSES**

IN EXCESS OF \$10,000 FORM

Robert L. Eliason
Name (print)

City Council
Office (Seeking/Held)

Ward 1
District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
			<i>0</i>

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