

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Name (print) Mitchell T Tracy Office (if applicable) Regent State University District (if applicable) 13  
 Mailing Address (include city and zip code) 3241 Little Stream St Las Vegas NV 89135 Telephone No. 702 869-9769

E-Mail Address

Select Appropriate Box(es)  CANDIDATE  PAC  BAG  POL PRTY  IND EXP  AMENDED  ANNUAL FILING

Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004  
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004  
 All others Period: Jan. 1, 2004 - Aug. 26, 2004  
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

Report #3 Due - January 15, 2005\*

Period: Oct. 22, 2004 - Dec. 31, 2004

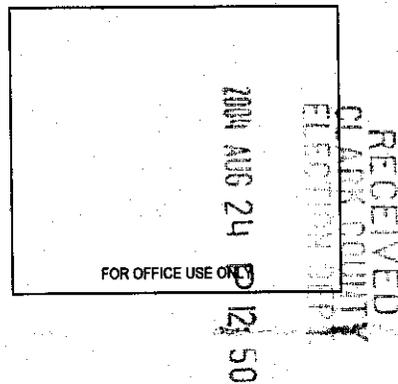
BAGs only:

Period: Oct. 22, 2004 - Dec. 5, 2004

Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

\* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



**CONTRIBUTIONS SUMMARY**

- 1. Total Monetary Contributions Received in Excess of \$100
- 2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
250	250
0	0

- 3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)
- 4. Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
250	250
0	0

**EXPENSES SUMMARY**

- 5. Total Monetary Expenses Paid in Excess of \$100
- 6. Total Monetary Expenses Paid of \$100 or Less
- 7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)
- 8. Total Value of In Kind Expenses in Excess of \$100

195	195
55	55
250	250
0	0

**AFFIRMATION**

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

Mitchell T Tracy  
Signature

8-22-04  
Date



**CAMPAIGN EXPENSES**

Report Period #   

Mitchell T Tray  
Name (print)

State University Degen  
Office (if applicable)

13  
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
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

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

