

**CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Name (print) RAY MIELZYNSKI - SHERIFF Office (if applicable) NYE District (if applicable)  
 Mailing Address (include city and zip code) 2130 W. CALVADA BLVD. PARADISE, NV. 89048 Telephone No. 775-727-5353  
 E-Mail Address \_\_\_\_\_

Select Appropriate Box(es)  CANDIDATE  LEGAL DEFENSE FUND  AMENDED

- Report #1 — Due May 20, 2014**  
Period: Jan. 1, 2014 — May 16, 2014
- Report #2 — Due June 6, 2014**  
Period: May 17, 2014 — June 5, 2014
- Report #3 — Due Oct. 14, 2014**  
Period: June 6, 2014 — Oct. 10, 2014
- Report #4 — Due Oct. 31, 2014**  
Period: Oct. 11, 2014 — Oct. 30, 2014
- Report #5 — Due January 15, 2015\***  
Period: Oct. 31, 2014 — Dec. 31, 2014
- Annual Filing — Due January 15, 2015**  
Period: Jan. 1, 2014 — Dec. 31, 2014

**K Rut -  
RECEIVED**

**JUN - 2 2014**

**SECRETARY OF STATE  
ELECTIONS DIVISIONS**

FOR OFFICE USE ONLY

47724

\* Report #5 suffices for the 2015 Annual Filing only if Report #'s 1, 2, 3, and 4 are previously filed

This Period	Cumulative Total From Beginning of Report Period #1 through End of This Reporting Period
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**CONTRIBUTIONS SUMMARY**

1. Total Monetary Contributions in Excess of \$100 <i>(See page 1 of instructions)</i>	0	0
2. Total Monetary Contributions in the Form of Loans Guaranteed by a 3 <sup>rd</sup> -Party in Excess of \$100 <i>(See page 1 of instructions)</i>	0	0
3. Total Monetary Contributions in the Form of Loans that were Forgiven in Excess of \$100 <i>(See page 2 of instructions)</i>	0	0
4. Total Amount of Written Commitments for Contributions in Excess of \$100 <i>(See page 2 of instructions)</i>	0	0
5. Total Value of In Kind Contributions in Excess of \$100 <i>(See page 2 of instructions)</i>	0	0
6. Total Value of Written Commitments for In Kind Contributions in Excess of \$100 <i>(See page 2 of instructions)</i>	0	0
7. Total Amount of all Contributions of \$100 or Less <i>(See page 2 of instructions)</i>	0	0
<b>8. Total Amount of All Contributions (Add Lines 1 through 7)</b> <i>(See page 2 of instructions)</i>	0	0

**EXPENSES SUMMARY**

9. Total Monetary Expenses Paid in Excess of \$100 <i>(See page 2 of instructions)</i>	0	0
10. Total Value of In Kind Expenses in Excess of \$100 <i>(See page 2 of instructions)</i>	0	0
11. Total Amount of all Expenses of \$100 or Less <i>(See page 2 of instructions)</i>	0	40-
<b>12. Total Amount of All Expenses (Add Lines 9 through 11)</b> <i>(See page 2 for instructions)</i>	0	40-

**AFFIRMATION**

MUST SELECT AT LEAST ONE:

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

**I Declare Under an Oath to God that the Foregoing is True and Correct.\***

\*A declaration under an oath to God is subject to the same penalties as declaration under penalty of perjury.

Signature Ray Mielzynski Date 5-28-14









Name (print)

Ray Mirzzyński - Sheriff

Office (if applicable)

- NYE

District (if applicable)

**EXPENSE CATEGORIES (NRS 294A.365)**

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
Expenses related to a legal defense fund	I
Good and services provided in kind for which money would otherwise have been paid <sup>1</sup>	J
Contributions made to: (i) another candidate; (ii) a nonprofit corporation that is registered or required to be registered pursuant to NRS 294A.225; (iii) a PAC that is registered or required to be registered pursuant to NRS 294A.230; or (iv) a Recall Committee that is registered or required to be registered pursuant to NRS 294A.250	K
Fees for filing declarations of candidacy or acceptances of candidacy	L
Repayments or forgiveness of loans	M
Disposal of unspent contributions pursuant to NRS 294A.160	N
Other miscellaneous expenses	O

<sup>1</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached hereto.

**MONETARY EXPENSES**

Report Period # 2

Name (print) RAY MIELZYNSKI - Sheriff Office (if applicable) NYE District (if applicable)

**MONETARY EXPENSES IN EXCESS OF \$100**

(Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary)

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE	CATEGORY (NRS 294A.365)	DATE OF EXPENSE	AMOUNT OF EXPENSE
<u>None</u>	<u>—</u>	<u>—</u>	<u>—</u>

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