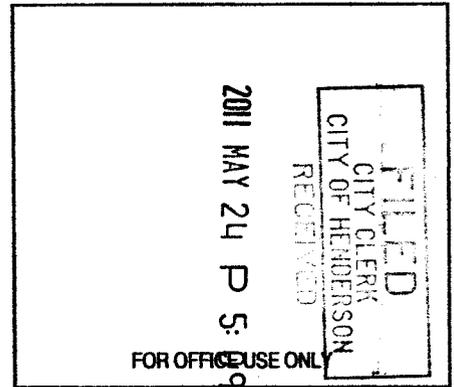


RAY E MOLLINADO HENDERSON CITY COUNCIL WARD ONE
 Name (print) Office (if applicable) District (if applicable)
 601 TROESSEN CT HENDERSON NV. 89015 702 558 4487
 Mailing Address (include city and zip code) Telephone No.
 MOLLINADO@aol.com
 Mail Address

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

- Annual Filing — Due January 15, 2011
Period: January 1, 2010 – December 31, 2010
- Report #1 — Due March 29, 2011*
Period: January 1, 2011–March 24, 2011
- Report #2 Due — May 31, 2011*
Period: March 25, 2011–May 26, 2011
- Report #3 Due — July 15, 2011*
Period: May 27, 2011 — June 30, 2011
- Annual Filing — Due January 15, 2012
*Period: July 1, 2011–December 31, 2011
**Period: January 1, 2011–December 31, 2011



* These Reports are filed by incumbents/candidates running for office in the 2011 election cycle
 ** These Reports are filed by incumbents not running for office this cycle who: (1) raised contributions in excess of \$100; or (2) have money left over from a previous campaign

CONTRIBUTIONS SUMMARY

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

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

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100
(See page 2 of instruction sheet)
8. Total Amount of All Monetary Expenses Paid
(Add Lines 8 and 9) (See page 2 of instruction sheet)
9. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)

5/17/2011 **AFFIRMATION**
 I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

CAMPAIGN EXPENSES

Report Period **# 2**

RAY E MOLLINARO
Name (print)

COUNCILPERSON
Office (if applicable)

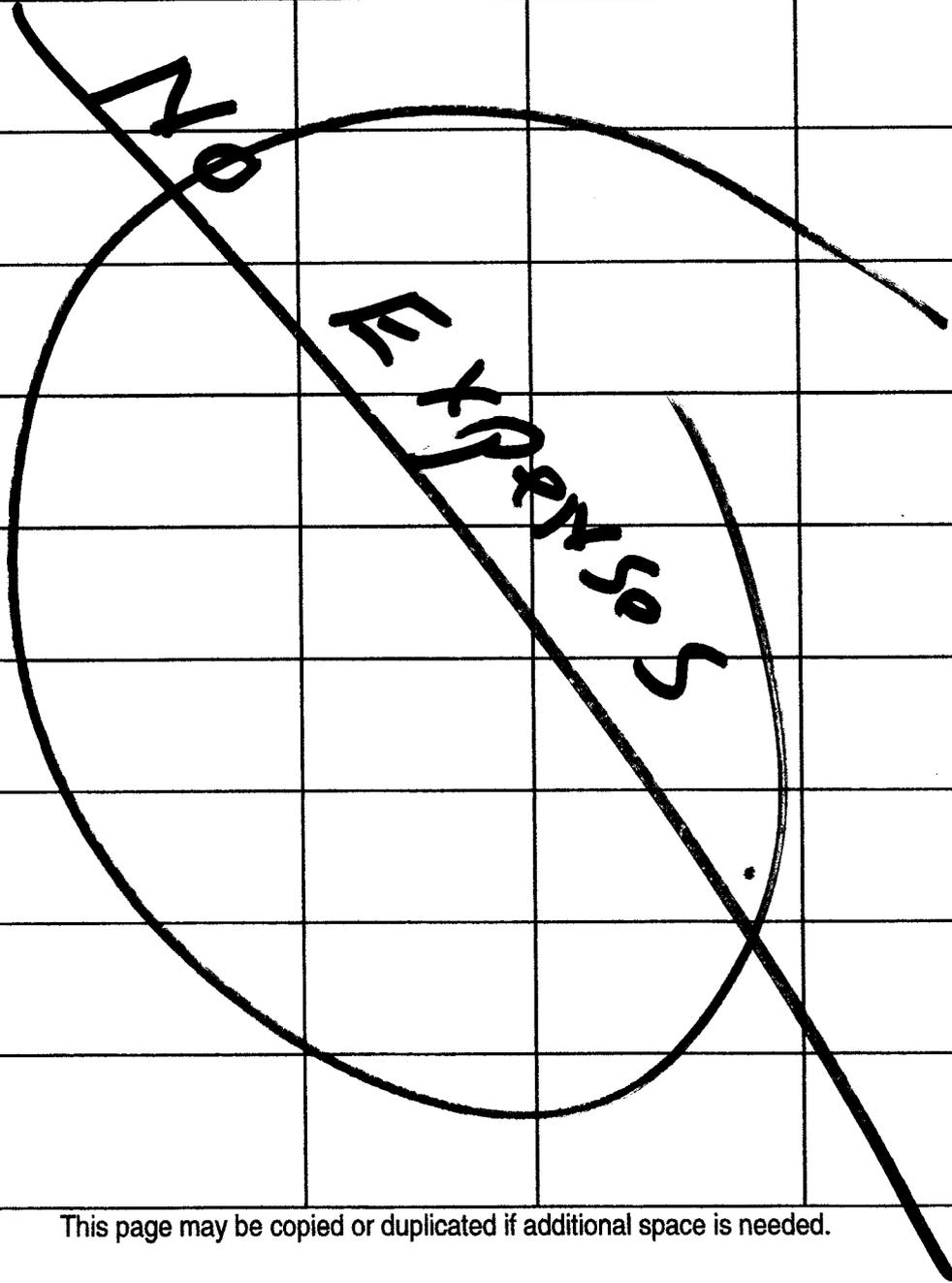
WARD ONE
District (if applicable)

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

NO EXPENSES

Expenses in Excess of \$100
Transfer Total Amount of All Campaign Expenses to Line 6 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY <small>(See Previous Page) NRS 294A.365</small>	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
 <p>No Expenses</p>			

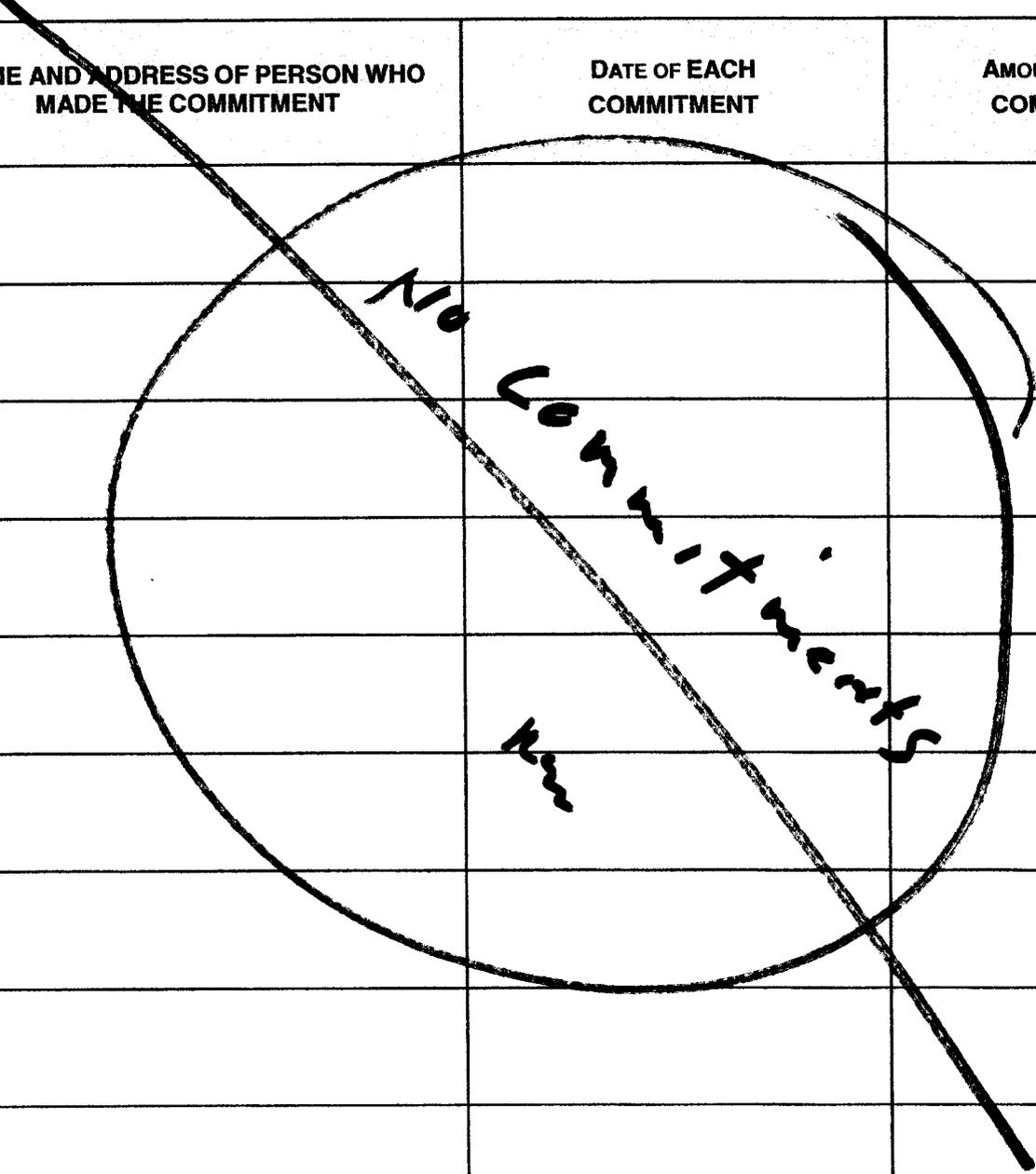
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WRITTEN COMMITMENTS

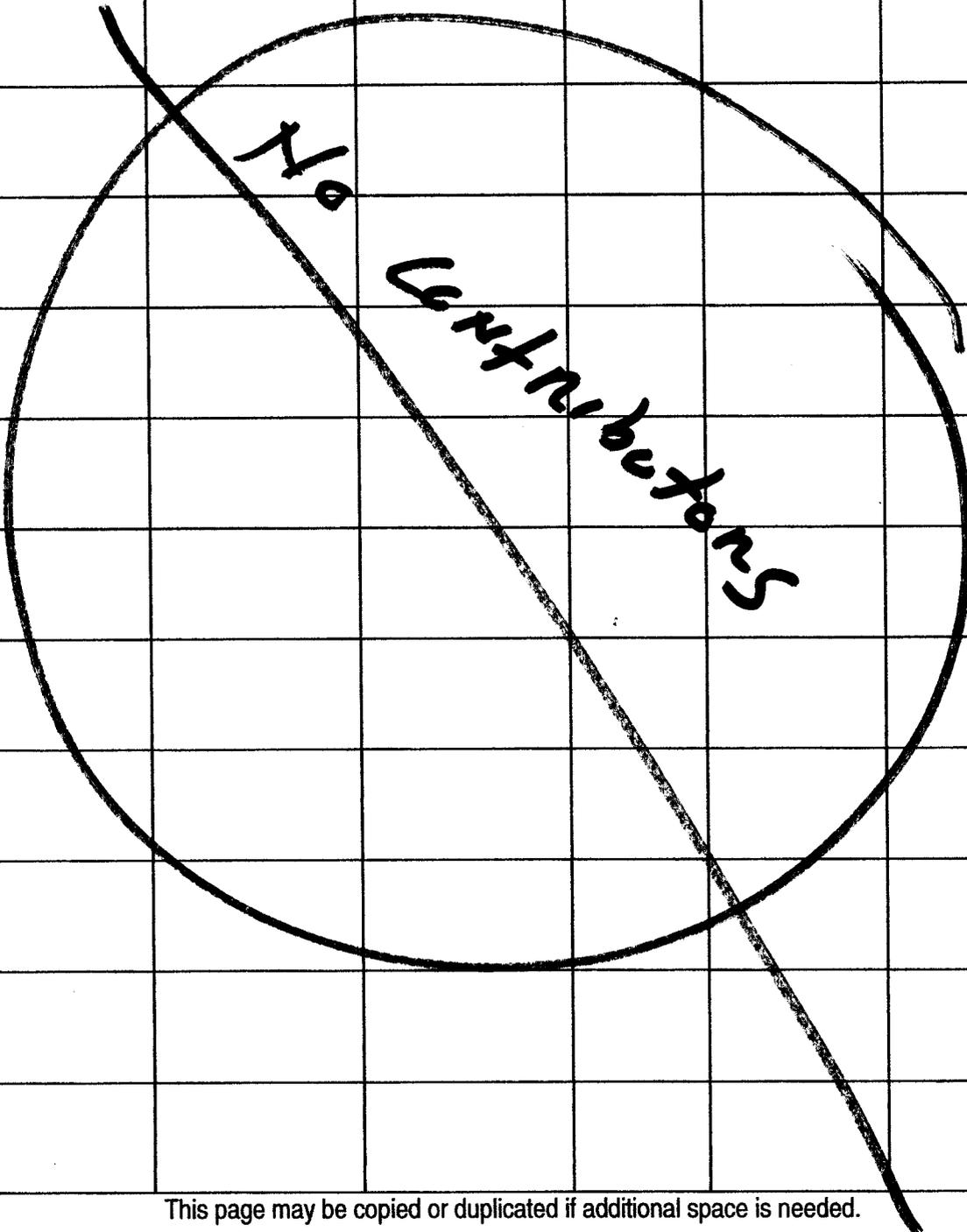
Report Period # 2

Ray E Mollinago Council person ward one
Name (print) Office (if applicable) District (if applicable)

**Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
 <p>No Commitments</p>		

**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 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
 <p><i>No Contributions</i></p>					

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