

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

NEVADA PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Name (print) Office (if applicable) District (if applicable)  
 80 CONTINENTAL DR STE 200 RENO NV 89509 775-329-4284  
 Mailing Address (include city and zip code) Telephone No.

1/0  
 MARK  
 ARMERDING  
 MD

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

**FILE**  
 JAN - 6 2004  
 DEAN HELLER  
 SECRETARY OF STATE  
 FOR OFFICE USE ONLY

AN PAC 583

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			800 <sup>00</sup> / <sub>100</sub>
2. Total Monetary Contributions Received of \$100 or Less			0
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)			800 <sup>00</sup> / <sub>100</sub>
4. Total Value of In Kind Contributions Received in Excess of \$100		0	

EXPENSES SUMMARY		This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
5. Total Monetary Expenses Paid in Excess of \$100			0
6. Total Monetary Expenses Paid of \$100 or Less			25 <sup>00</sup> / <sub>100</sub>
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)			25 <sup>00</sup> / <sub>100</sub>
8. Total Value of In Kind Expenses in Excess of \$100		0	

**AFFIRMATION**

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

*Mark Armending MD*  
 Signature

Jan 2, 2004  
 Date