

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Nevada Health Care Association Quality First PAC

Name (print) Office (if applicable) District (if applicable)

4554 West Oakey Blvd # 99B, LAS Vegas, NV 89102

Mailing Address (include city and zip code) Telephone No. 702-434-2273

E-Mail Address executivedirector@nvhca.org

Select Appropriate Box(es) CANDIDATE PAC BAG POL.PRTY IND.EXP NONPROFIT CORP
 AMENDED ANNUAL FILING PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- Annual Filing - Due January 15, 2006
Period: January 1, 2005 - December 31, 2005
- Report #1 - Due August 8, 2006*
Period: Jan. 1, 2006 - Aug 3, 2006
- Report #2 Due - October 31, 2006*
Period: Aug. 4, 2006 - Oct. 26, 2006
- Report #3 Due - January 15, 2007**
Period: Oct. 27, 2006 - Dec. 31, 2006
- Annual Filing - Due January 15, 2007
Period: January 1, 2006 - December 31, 2006

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FILED

JAN 19 2007

SECRETARY OF STATE
ELECTIONS DIVISION

FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle
 ** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

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 (See page 1 of instruction sheet)	\$21,750.00	\$65,250.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	-0-	-0-
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	-0-	-0-
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	-0-	-0-
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	\$21,750	\$65,250.00
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	-0-	-0-
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	-0-	-0-

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	\$12,345.	\$12,345.00
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	-0-	-0-
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	\$12,345.00	\$12,345.00
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	-0-	-0-
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15 th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)		

AFFIRMATION

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

Signature Charles Perry Date 01-12-2007

Name (print)

Office (if applicable)

District (if applicable)

**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
Torrey Pines Care Center, 1701 S Torrey Pines Dr. LV, NV 89102	11-02-06	\$2,500.			
LV Health Care & Rehab, 2832 S Maryland Pkwy., LV, NV 89109	11-02-06	\$2,500.			
Vegas Valley Rehab Hosp, 2945 Casa Vegas LV, NV 89109	11-15-06	\$1,500.			
ElJen Conv. Hosp. 5538 W. Duncan Dr. LV, NV 89130	11-15-06	\$ 900.			
Portable X-Ray of So. Nev., 3333 N Michael Way LV, NV 89130	11-05-06	\$ 800.			
Vision Med. Imaging 5538 W. Duncan Dr. LV, NV 89130	11-05-06	\$ 800.			
Carson Conv. Ctr. 2898 Hiway 50 E. Carson City, 89701	11-15-06	\$1,500.			
Desert Lane C.C. 660 Desert Lane LV, NV 89106	11-15-06	\$1,500.			
Hearthstone of No. NV, 1950 Baring Blvd Sparks 89431	11-20-06	\$1,500.			
Harmon Med&Rehab Hosp., 2170 E Harmon Ave LV, NV 89119	11-20-06	\$1,500.			
Henderson H.C. Center 1180 E. Lake Mead Pkwy. Henderson, 89015	11-20-06	\$1,500.			
North LV Care Ctr. 3125 E Cheyenne Ave No. LV 89030	11-21-06	\$1,500.			
LifeCareCtr., LV 6151 Vegas Dr. LV, NV 89108	12-06-06	\$ 750.			
The Plaza Regency 6021 W. Cheyenne Ave. LV, NV 89108	12-19-06	\$ 750			
Torrey Pines CC LV Health Care & Rehab	12-21-06 12-21-06	\$ 375.00 \$ 375.			

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Name (print)

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Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
I.R. Ashleman, LTD 4475 So. Pecos LV, NV 89121	F	1-17-06	\$7,000.00
" " " "	"	2-27-06	1,100.00
" " " "	"	4-05-06	750.00
" " " "	"	5-03-06	750.00
" " " "	"	6-01-06	1,000.00
" " " "	"	7-05-06	1,745.00

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