CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Daniel Perritt, Treasurer — Sunrise Healthcare System Good Government PAC Fund

Name (print)	Office (if applicable)	District (if applicable)
3186 S. Maryland Parkway, Las Vegas, NV 89109		(702) 731-8148
Mailing Address (include city and zip code)		Telephone No.
daniel.perritt@hcahealthcare.com		
E-Mail Address		

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

FILED
JAN 09 2007
SECRETARY OF STATE
ELECTIONS DIVISION
CPS
FOR OFFICE USE ONLY
15641

*** 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)**	$.00	$88,900.00
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

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
5. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 4) **(See page 2 of instruction sheet)**	$0	$88,900.00
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)**		**$14,000.00**	**$61,750.00**
9. Total Monetary Expenses Paid of $100 or Less **(See page 2 of instruction sheet)**		**$0**	**$20.00**
10. **Total Amount of All Monetary Expenses Paid** (Add Lines 8 and 9) **(See page 2 of instruction sheet)**		**$14,000.00**	**$61,770.00**
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 15th 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.

Daniel Perth — 1-8-07

Signature — Date

CAMPAIGN CONTRIBUTIONS

Report Period # 3

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 3RD PARTY IF LOAN GUARANTEED BY 3RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Southern Hills Hospital 9300 W Sunset Las Vegas, NV 89148	NONE	----------	----------	----------	----------
MountainView Hospital 3100 N. Tenaya Way Las Vegas, NV 89128	NONE	----------	----------	----------	----------
Sunrise Hospital and Medical Center 3186 S. Maryland Parkway Las Vegas, NV 89109	NONE	----------	----------	----------	----------

WRITTEN COMMITMENTS

Report Period **# 3**

Dan Perritt, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — 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 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
NONE ----------	----------	----------

CAMPAIGN EXPENSES

Report Period **# 3**

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

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

CAMPAIGN EXPENSES

Report Period **# 3**

Dan Perritt, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

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
Mark Manendo 4629 Butterfly Circle Las Vegas, NV 89122	J	12/14/06	$500.00
James Ohrenschall 1124 South 15th St. Las Vegas, NV 89104	J	12/14/06	$500.00
John Ocarguera 7655 Chaumont Las Vegas, NV 89123	J	12/14/06	$500.00
Sheila Leslie 825 Humbolt St. Las Vegas, NV 89503	J	12/14/06	$1,000.00
Ellen Kolvisto 1147 Timer Ridge Court Las Vegas, NV 89110	J	12/14/06	$750.00
Marilyn Kirkpatrick 4747 Showdown Dr. N. Las Vegas, NV 89031	J	12/14/06	$1,000.00
William Horne 2251 N. Rampart Blvd., Suite 357 Las Vegas, NV 89128	J	12/14/06	$1,000.00

CAMPAIGN EXPENSES

Report Period **# 3**

Dan Perritt, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

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
Joe Hardy P.O. Box 60306 Boulder City, NV 89006	J	12/14/06	$1,000.00
Pete Goicoachea P.O. Box 97 Eureka, NV 89316	J	12/14/06	$500.00
Heidi Gansert 316 California Ave., Suite 302 Reno, NV 89509	J	12/14/06	$750.00
Moses Denis 3204 Osaga Ave. Las Vegas, NV 89101	J	12/14/06	$500.00

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Dan Perritt, Treasurer — Sunrise Healthcare System Good Government PAC Fund

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

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
Marcus Conklin 1600 Palmae Way Las Vegas, NV 89128	J	12/14/06	$500.00
Jerry Claborn 6617 Network Circle Las Vegas, NV 89156	J	12/14/06	$500.00
Chad Christensen 9101 W. Sahara Ave., Suite 105 Las Vegas, NV 89117	J	12/14/06	$500.00
Barbara Buckley 5442 Holbrook Dr. Las Vegas, NV 89103	J	12/14/06	$1,000.00
Bernie Anderson 747 Glen Meadow Dr. Sparks, NV 89434	J	12/14/06	$1,000.00
Francis Allen P.O. Box 34718 Las Vegas, NV 89123	J	12/14/06	$500.00
Nevada Senate Democratic Caucus 4226 S. Eastern, Suite 8 Las Vegas, NV 89119	J	12/14/06	$1,000.00
Mark Amodei 805 W. Sunset Way Carson City, NV 89703	J	12/14/06	$1,000.00

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.
In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: *(1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

Example of in kind expenses: *(1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*

IN KIND CAMPAIGN CONTRIBUTIONS **Report Period** **# 3**

Dan Perritt, Treasurer — Name (print)
Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)
District (if applicable)

IN KIND

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI-BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3RD PARTY IF LOAN GUARANTEED BY 3RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
NONE ----------	----------	----------	----------	----------	----------	----------

IN KIND WRITTEN COMMITMENTS

Report Period **# 3**

Dan Perritt, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

In Kind Written Commitments in Excess of $100 or, When Added Together from One Entity Exceeds $100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMIITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
NONE ----------	----------	----------

IN KIND CAMPAIGN EXPENSES

Report Period **# 3**

IN KIND

Expenses in Excess of $100
Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE ----------	----------	----------	----------

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362