

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

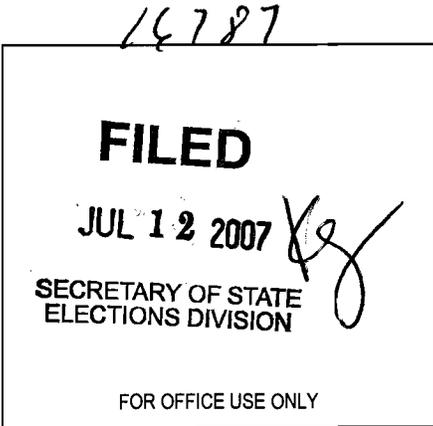
Daniel Perritt, Treasurer

Sunrise Healthcare System Good Government PAC Fund

Name (print) 3186 S. Maryland Parkway, Las Vegas, NV 89109	Office (if applicable)	District (if applicable) (702) 731-8148
Mailing Address (include city and zip code) daniel.perritt@hcahealthcare.com		Telephone No.
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, 2007**  
Period: January 1, 2006 – December 31, 2006
- Report #1 — Due March 27, 2007\***  
Period: Jan. 1, 2007 — Mar 22, 2007
- Report #2 Due — May 29, 2007\***  
Period: March 23, 2007 — May 24, 2007
- Report #3 Due — July 15, 2007**  
Period: May 25, 2007 – June 30, 2007
- Annual Filing – Due January 15, 2008**  
Period: \* July 1, 2007 – December 31, 2007  
Period: \*\* January 1, 2007 – December 31, 2007



\* These Reports are filed by incumbents/candidates running for office in the 2007 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**

	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)	\$0.00	\$0.00
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
<b>5. Total Amount of Monetary Contributions Received</b> (Add Lines 1 through 4) (See page 2 of instruction sheet)	<b>\$0</b>	<b>\$0.00</b>
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)	\$0	\$0
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)	\$0	\$0
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 <sup>th</sup> 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.

*Dan Perritt*

7-10-07

Signature

Date

**CAMPAIGN CONTRIBUTIONS**

Report Period **2007**

Dan Perritt, Treasurer

Sunrise Healthcare System Good Government PAC Fund

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 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> 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	-----	-----	-----	-----