CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Triad Hospitals, Inc. Good Government Fund
Name (print)

Office (if applicable)

District (if applicable)

5800 Tennyson Parkway Plano, TX 75024
Mailing Address (include city and zip code)

214-473-3761
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

16829

FILED
SEP 18 2007
SECRETARY OF STATE
ELECTIONS DIVISION
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☐ **Annual Filing - Due January 15, 2007**
Period: January 1, 2006 – December 31, 2006

☐ **Report #1 — Due March 27, 2007***
Period: Jan. 1, 2007 — March 22, 2007

☐ **Report #2 Due — May 29, 2007***
Period: Mar. 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: Jan. 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)	$0.00	$0.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	$0.00	$0.00
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	$0.00	$0.00
5. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 4) (See page 2 of instruction sheet)	$0.00	$0.00

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
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)	$0.00	$0.00
7. Total Value of In Kind Contributions Received in Excess of $100 (See page 2 of instruction sheet)	$0.00	$0.00

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of $100 (See page 2 of instruction sheet)	$2,500.00	$17,500.00
9. Total Monetary Expenses Paid of $100 or Less (See page 2 of instruction sheet)	$0.00	$0.00
10. **Total Amount of All Monetary Expenses Paid** (Add Lines 8 and 9) (See page 2 of instruction sheet)	$2,500.00	$17,500.00

11. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet)	$0.00	$0.00
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.

Laura M. Martin — Signature

9/17/07 — Date

Triad Hospitals, Inc. Good Government Fund

Name (print) Office (if applicable) 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

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

CAMPAIGN EXPENSES

Report Period #

Triad Hospitals, Inc. Good Government 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
Berkley For Congress 3069 Conquista Court Las Vegas, NV 89121	J	06/01/2007	$2,500.00

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