CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

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

400 SHADOW LANE, SUITE 207, LAS VEGAS, NV 89106 702-384-5400

Mailing Address (include city and zip code) | Telephone No.

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP

☐ LEGAL DEFENSE FUND ☐ AMENDED

21864

☐ **Annual Filing - Due January 15, 2008**
Period: January 1, 2007 – December 31, 2007

☐ **Report #1 — Due August 5, 2008***
Period: Jan. 1, 2008 — July 31, 2008

☐ **Report #2 Due — October 28, 2008***
Period: Aug. 1, 2008 — Oct. 23, 2008

☐ **Report #3 Due — January 15, 2009*/****
Period: Oct. 24, 2008 — Dec. 31, 2008

☒ **Annual Filing – Due January 15, 2009**
Period: January 1, 2008 – December 31, 2008

FILED
SEP 23 2009
SECRETARY OF STATE
ELECTIONS DIVISION
FOR OFFICE USE ONLY

*** These Reports are filed by incumbents/candidates running for office in the 2008 election cycle**
**** Third Report suffices for 2009 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)		8400.00
2. Total Monetary Contributions Received of $100 or Less (See page 2 of instruction sheet)		-0-
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)		-0-
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		-0-
5. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 4) (See page 2 of instruction sheet)		8400.00

	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-
7. Total Value of In Kind Contributions Received in Excess of $100 (See page 2 of instruction sheet)		-0-

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of $100 (See page 2 of instruction sheet)		5750.00
9. Total Monetary Expenses Paid of $100 or Less (See page 2 of instruction sheet)		-0-
10. **Total Amount of All Monetary Expenses Paid** (Add Lines 8 and 9) (See page 2 of instruction sheet)		5750.00
11. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet)		-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)

Jerry L Jones MD

AFFIRMATION

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

Signature

Date 11/16/09

CAMPAIGN CONTRIBUTIONS

Report Period #

CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

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 3rd Party if Loan Guaranteed by 3rd Party	Name and Address of Person Who Forgave the Loan, if Different Than Contributor
~~KARL~~ STOBEL KORD STROBEL		200			
BRENT BARTHOLOMEW		200			
SUSAN BOYD		200			
DON ~~ROBUBS~~ Robins		200			
IRWIN GLASSMAN CHARLES FLEISHMAN LARRY EDWARDS		200			
LYNN KOWALSKI		200			
CLIFF KAHLE		200			
DONNA MILLER		200			
JOHN ~~SANTOS~~ Sandoval		200			
FRANK DELEE		200			
LAWSON ~~RITCHER~~ Richter		200			
JOHN KELLEY		200			
ALLAN SACHS		200			
REBECCA TYRE		200			
KAREN DALLEY		200			

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CAMPAIGN CONTRIBUTIONS

Report Period #

CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

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 3rd Party if Loan Guaranteed by 3rd Party	Name and Address of Person Who Forgave the Loan, if Different Than Contributor
GREG GEX		200			
MICHAEL SCORFF		200			
JERRY JONES		200			
CRAIG HARTMAN		200			
SARA STEPHENSON		200			
MICHELLE LAWS		200			
~~KIRK~~ KETA SAKAN		200			
KELLIE DELOZIER		200			
JASON POLLOCK		200			
CARLA TURNER		200			
JOSEPH ADASHEK		200			
ALAN BOLNICK		200			
QUYNH VO		200			
PATRICIA PIERCE		200			
JOEL SCHWARTZ		200			

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CAMPAIGN CONTRIBUTIONS

Report Period #

CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

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 3rd Party if Loan Guaranteed by 3rd Party	Name and Address of Person Who Forgave the Loan, if Different Than Contributor
PAUL ~~WILBURN~~ Wilkes		200			
FRED LEE		200			
PAUL CHAO		200			
RHONDA ROBBINS		200			
MARK TURNER		200			
JAY WATSON		200			
ED SPOON		200			
LISA UNDERWOOD		200			
MARSHA GOODHEAD		200			
FLORENCE JAMESON		200			
RICHARD GROMOLL		200			
SOPHY FENG		200			

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CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

Name (print) 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		

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CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

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.***

CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

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
JUDGE CHERYL MOSS	H	4/25/2008	250
SENATOR BOB ~~PETERS~~ Beers	H	4/25/2008	1000
DONNA TOUSSAINT FOR ASSY	H	10/9/2008	500
SENATOR BOB ~~PETERS~~ Beers	H	8/28/2008	1000
KRIS PICKERING FOR SUPREME COURT	H	10/16/2008	500
SENATOR JOE HECK	H	8/28/2008	1000
SEAN FELLOWS FOR ASSEMBLY	H	8/28/2008	500
HEIDI GANSERT FOR ASSEMBLY	H	8/28/2008	500
JUDGE DOUG SMITH	H	10/7/2008	500

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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.*

CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

Name (print) 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						

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IN KIND
WRITTEN COMMITMENTS

Report Period #

CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

Name (print) 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		

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IN KIND CAMPAIGN EXPENSES

Report Period #

CLARK COUNTY OB/GYN POLITICAL ACTION COMMITTEE

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

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

FILED
SEP 23 2009
K Rut –
SECRETARY OF STATE
ELECTIONS DIVISION

Clark County OB/GYN Political Action Committee
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Las Vegas, NV 89106

Secretary of State
101 North Carson Street, #3
Carson City, NV 89701-4786