

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Nevada Medical Political Action Committee

Name (print) 3660 Baker Lane #101 Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_

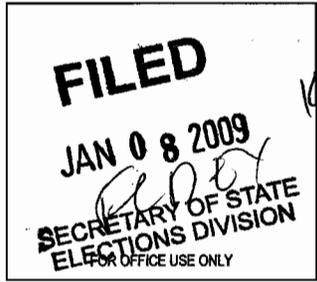
Mailing Address (include city and zip code) Reno, NV 89509 Telephone No. (775) 825-6788

E-Mail Address aparis@nsmadocs.org

20285

Select Appropriate Box(es)  CANDIDATE  PAC  POL PRY  IND EXP  NONPROFIT CORP  
 LEGAL DEFENSE FUND  AMENDED

- 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



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\* 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)	\$1,135.00	\$21,360.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	\$950.00	\$8,300.00
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)	\$2,085.00	\$29,660.00
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-	
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)	-0-	\$48,500.00
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)	-0-	\$48,500.00
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)		

**AFFIRMATION**

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

Amy Paris  
Signature

1-8-09  
Date



Nevada Medical Political Action Committee

Name (print)

Office (if applicable)

District (if applicable)

**Expense Categories**

<b>CATEGORIES</b>	<b>CODE</b>
Office expenses	<b>A</b>
Expenses related to volunteers	<b>B</b>
Expenses related to travel	<b>C</b>
Expenses related to advertising	<b>D</b>
Expenses related to paid staff	<b>E</b>
Expenses related to consultants	<b>F</b>
Expenses related to polling	<b>G</b>
Expenses related to special events	<b>H</b>
** Goods and services provided in kind for which money would otherwise have been paid	<b>I</b>
Other miscellaneous expenses	<b>(J)</b>

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