

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

NEVADA PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Name (print) 80 CONTINENTAL DR STE 200 RENO NV 89509 Office (if applicable) 775-329-4284 District (if applicable)
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

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

FILED 18983

JUL 31 2008

SECRETARY OF STATE
ELECTIONS DIVISION

Certh...

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)	900-	900-
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	100-	100-
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)		
	1000-	1000-
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)	1000-	1000-
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	66-	66-
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	1066-	1066-
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 th 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.

Signature *[Handwritten Signature]*

Date 7/31/08

NEVADA PSYCHIATRIC ASSOCIATION 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.**

