

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) 19624
 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

- 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
 OCT 27 2008
 Certified
 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

- 1. Total Monetary Contributions Received in Excess of \$100
(See page 1 of instruction sheet)
- 2. Total Monetary Contributions Received of \$100 or Less
(See page 2 of instruction sheet)
- 3. Total Monetary Contributions in the form of loans guaranteed by a third party.
(See page 2 of instruction sheet)
- 4. Total Monetary Contributions in the form of loans that were forgiven
(See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1550-	2450-
550-	650-
0	0
0	0

- 5. Total Amount of Monetary Contributions Received
(Add Lines 1 through 4) (See page 2 of instruction sheet)
- 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)
- 7. Total Value of In Kind Contributions Received in Excess of \$100
(See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
2100-	3100-
0	0
0	0

EXPENSES SUMMARY

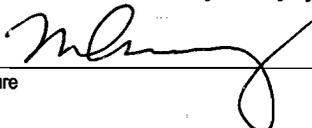
- 8. Total Monetary Expenses Paid in Excess of \$100
(See page 2 of instruction sheet)
- 9. Total Monetary Expenses Paid of \$100 or Less
(See page 2 of instruction sheet)
- 10. Total Amount of All Monetary Expenses Paid
(Add Lines 8 and 9) (See page 2 of instruction sheet)
- 11. Total Value of In Kind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

1000-	2000-
22-	88-
1022-	2088-

0	0
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AFFIRMATION

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

Signature 

Date 10/24/08

PAGE 1 OF 4

CAMPAIGN CONTRIBUTIONS

Report Period #2

NEVADA PSYCHIATRIC ASSOCIATION 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 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
JOHN CHAPPEL 3165 Socrates Dr Reno NV 89512	7/17/08	300 ⁻			
LESLIE DICKSON 5213 HACKBERRY HILL LAS VEGAS NV 89131	7/17/08	400 ⁻			
ANN WALDRON 3890 VISTACREST DR RENO, NV 89509	8/23/08	200 ⁻			
RAVEENDRA SURYADEVARA BX 401071 LAS VEGAS NV 89140	9/9/08	200 ⁻			
LESLIE DICKSON 5213 HACKBERRY HILL LAS VEGAS, NV 89131	10/11/08	200 ⁻			
LISA DURETTE 10498 MINERS CULCH LAS VEGAS NV 89135	10/16/08	250 ⁻			

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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.**

CAMPAIGN EXPENSES

Report Period #2

NEVADA PSYCHIATRIC ASSOCIATION 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

Table with 4 columns: 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. Includes handwritten entries for SHEILA LESLIE and MO DENIS.

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