

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Nevada Medical Political Action Committee

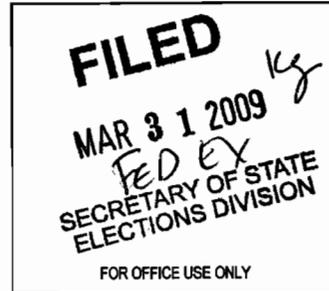
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 Mailing Address (include city and zip code) Telephone No.
 a.paris@nsmadocs.org

E-Mail Address

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

21323

- Annual Filing - Due January 15, 2009
 Period: January 1, 2008 – December 31, 2008
- Report #1 — Due March 31, 2009*
 Period: Jan. 1, 2009 — March 26, 2009
- Report #2 Due — May 26, 2009*
 Period: Mar. 27, 2009 — May 21, 2009
- Report #3 Due — July 15, 2009*
 Period: May 22, 2009 — June 30, 2009
- Annual Filing — Due January 15, 2010
 *Period: July 1, 2009 – December 31, 2009
 **Period: Jan. 1, 2009 – December 31, 2009



* These Reports are filed by incumbents/candidates running for office in the 2009 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)	\$1,320.00	\$1,320.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	\$100.00	\$100.00
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-
	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	\$1,420.00	\$1,420.00
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-	-0-
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-	-0-
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 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.

Amy Paris
 Signature

3-31-09
 Date

✓
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Nevada Medical 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.**