

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Nevada Medical Political Action Committee

Name (print) 3600 Baker Lane #101 Reno, NV 89509 Office (if applicable)

District (if applicable) (775) 825-6788

21403

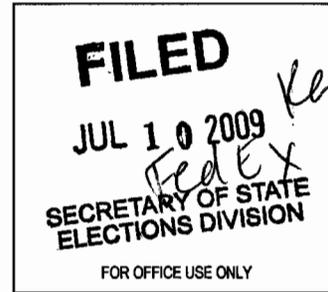
Mailing Address (include city and zip code) aparis@nsmadocs.org

Telephone No.

E-Mail Address

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

- 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)	\$1,500.00	\$2,820.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	\$10,200.00	\$400.00
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)	\$11,700.00	\$3,220.00
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 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.

Signature *Amy Paris*

7-09-2009

Date

WOB

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.**

