

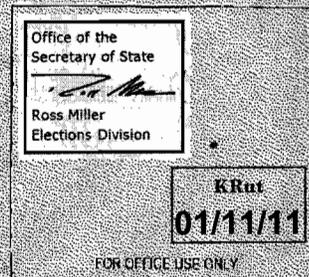
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

NEVADA STATE ASSOCIATION OF HEALTH CARE PROVIDERS Political Action Committee
Name (print) 3578 HAMILTON DR Las Vegas NV 89135-7026
Mailing Address (include city and zip code)
E-Mail Address
Telephone No. 26425

- Select Appropriate Box(es)
[CANDIDATE] [X] PAC [POL. PRTY] [IND. EXP.] [NONPROFIT CORP.]
[LEGAL DEFENSE FUND] [AMENDED] [LOCAL BAG]

- [X] Annual Filing - Due January 15, 2010
Report #1 - Due June 1, 2010*
Report #2 Due - October 26, 2010*
Report #3 Due - January 15, 2011**
[X] Annual Filing - Due January 15, 2011



* These Reports are filed by incumbents/candidates in the 2010 election cycle
** Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

- 1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions in the form of loans guaranteed by a third party
3. Total Monetary Contributions in the form of loans that were forgiven

Table with 2 columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Values: 150, 1080, 0, 0, 0, 0.

- 4. Total Amount of Monetary Contributions Received
5. Total Amount of Written Commitments for Contributions
6. Total Value of In Kind Contributions Received in Excess of \$100

Table with 2 columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Values: 0, 0, 0, 0, 1200.

EXPENSES SUMMARY

- 7. Total Monetary Expenses Paid in Excess of \$100
8. Total Value of In Kind Expenses in Excess of \$100

Table with 2 columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Values: 3250, 3250, 0, 0.

AFFIRMATION

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

Signature: Dwight M. Malyzare

Date: 1/11/11

CAMPAIGN EXPENSES

Report Period **#3**

Name (print) NEVADA STATE ASSOCIATION of Health Care Workers Political Action Committee
 Office (if applicable) _____ District (if applicable) _____

Expenses in Excess of \$100
 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.305	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
LARRY STEWART for Assembly 2720 COOL LILAW LANE HERNDON NV 89102	J	10/25/10	\$250
FRIENDS of Michael Robinson PO BOX 7211 LAS VEGAS NV 89119	J	10/26/10	\$500
SCOTT HAMMOND for Assembly 8405 GARCIA PIKE #1 LAS VEGAS NV 89143	J	10/26/10	\$250
DAN HILL for Assembly 3000 High View Dr HERNDON NV 89104	J	10/26/10	\$250
ANDREW for Assembly 721 EASTERN BLVD #106 LAS VEGAS NV 89119	J	10/27/10	\$250
DAN PATTON for Assembly 505 E WINDMILL SUMMIT DR LAS VEGAS NV 89123	J	10/27/10	\$250

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