

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

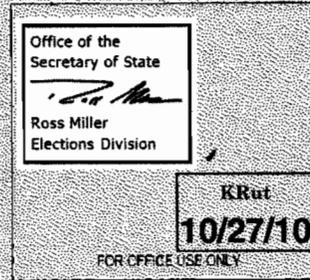
NV STATE Assoc. of Health Administrators PAC

25477

Name (print) SBC Campbell Springs Health Admin NV Office (if applicable) Las Vegas NV District (if applicable) 702-672-5224 Mailing Address (include city and zip code) Smart & Consulting, Inc Telephone No. E-Mail Address

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

- [ ] Annual Filing - Due January 15, 2010 Period: January 1, 2009 - December 31, 2009 [ ] Report #1 - Due June 1, 2010\* Period: Jan. 1, 2010 - May 27, 2010 [X] Report #2 Due - October 26, 2010\* Period: May 28, 2010 - Oct. 21, 2010 [ ] Report #3 Due - January 15, 2011\*\* Period: Oct. 22, 2010 - Dec. 31, 2010 [ ] Annual Filing - Due January 15, 2011 Period: January 1, 2010 - December 31, 2010



\* 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 (See page 1 of instruction sheet) 2 Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet) 3 Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)

Table with 2 columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Row 1: 550.29, 4396.73. Row 2: 0, 0. Row 3: 0, 0.

- 4 Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet) 5 Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet) 6 Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

Table with 2 columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Row 4: 1100.29, 4396.73. Row 5: 0, 0. Row 6: 0, 0.

EXPENSES SUMMARY

- 7 Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet) 8 Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)

Table with 2 columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Row 7: 2750.00, 2750.00. Row 8: 0, 0.

AFFIRMATION

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

Signature: [Handwritten Signature]

Date: 10/27/10

CAMPAIGN EXPENSES

Report Period # 2

Name (print) NU STATE ASSOC. of Health Underwriters PAC 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 <small>(See Previous Page)</small> NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Michael Robinson PO Box 97251 LAS VEGAS NV 89193	J	10/26/10	250 <sup>00</sup>
BARBARA Cegavskis 6465 LARWOOD ST. LAS VEGAS NV 89146	J	10/21/10	250 <sup>00</sup>
ELIZABETH Halseth 8022 S. Rainbow #140 LAS VEGAS NV 89139	J	10/21/10	250 <sup>00</sup>
JOHN Hambrick 1930 Village Center Circle Las Vegas NV 89134	J	10/21/10	250 <sup>00</sup>
Tyler ANDREW 7231 EASTERN SUITE B - PMB 946 LAS VEGAS NV 89119	J	10/27/10	250 <sup>00</sup>
Scott Hammond 8408 Gracious Pinnacle LAS VEGAS NV 89147	J	10/26/10	250 <sup>00</sup>
Bob Brown 2950 E TRINITY LAS VEGAS NV 89121	J	10/21/10	250 <sup>00</sup>
Mark Sherwood 2397 Burkwood Way Henderson NV 89034	J	10/24/10	250 <sup>00</sup>
Lynn STEWART 2720 Cool Lilac Ave Henderson NV 89052	J	10/25/10	250 <sup>00</sup>
Dan Hill 3000 High View Dr. #213 HENDERSON NV 89014	J	10/26/10	250 <sup>00</sup>
JAN Patten 505 E Windmill Suite 10-218 LAS VEGAS NV 89123	J	10/27/10	250 <sup>00</sup>

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