

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) NEVADA PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 313 FLINT ST RENO, NV 89501 Telephone No. 775-324-5466
LESLEYRU@aol.com 25190

E-Mail Address

Select Appropriate Box(es) CANDIDATE PAC POL PRTY 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
- 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

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 SECRETARY OF STATE
 ELECTIONS DIVISION
 FOR OFFICE USE ONLY

* 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		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)		\$1150. ⁰⁰	\$2,150. ⁰⁰
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)		0	0
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		0	0
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)		\$1150. ⁰⁰	\$2,150. ⁰⁰
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)			

EXPENSES SUMMARY		This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)		\$2,500. ⁰⁰	\$2,500. ⁰⁰
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)			

AFFIRMATION

Lesley Ruth → 10/21/10 page 1

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
NORTON ROITMAN 2340 PASEO DEL PRADO D307 LAS VEGAS, NV 89102	5/17/10	\$100.00			
CHARLES TIMNAK 402 RUE DE BOURDEAUX HENDERSON, NV 89074	5/15/10	\$50.00			
MARIAN ORR 3209 CARBONDALE ST LAS VEGAS, NV 89135	7/1/10	\$100.00			
ANN WALDRON 3890 VISTACREST DR RENO, NV 89509	7/8/10	\$100.00			
LISA ANN DURETTE 124 N RING DOVE DR. LAS VEGAS, NV 89144	9/16/10	\$100.00			
HESLEY DICKSON 5213 HACKBERRY HILL AVE LAS VEGAS, NV 89131	9/27/10	\$400.00			
ALISTAIR BARRON 2025 EAGLE TRACE WAY LAS VEGAS, NV 89117	10/7/10	\$300.00			

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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

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 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.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
CAMPAIGN TO ELECT SHEILA LESLIE	J	9/25/10	\$400. ⁰⁰
CAMPAIGN TO ELECT BRIAN SANDOVAL	J	9/25/10	\$500. ⁰⁰
CAMPAIGN TO ELECT GARY FISHER	J	9/27/10	\$200. ⁰⁰
CAMPAIGN TO ELECT BENNY YERUSHALMI	J	9/28/10	\$200. ⁰⁰
CAMPAIGN TO ELECT JOE HARDY	J	10/4/10	\$400. ⁰⁰
CAMPAIGN TO ELECT BARBARA CEGAVSKE	J	10/12/10	\$400. ⁰⁰
CAMPAIGN TO ELECT MO DENIS	J	10/21/10	\$400. ⁰⁰