CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Sunrise Healthcare Good Government Fund
Name (print) Office (if applicable) District (if applicable)
3186 S Maryland Pkwy, Las Vegas, NV, 89109
Mailing Address (include city and zip code) Telephone No.

E-Mail Address

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

24107

Annual Filing - Due January 15, 2010
Period: Jan 01, 2009 - Dec 31, 2009

Report #1 - Due June 01, 2010*
Period: Jan 01, 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: Jan 01, 2010 - Dec 31, 2010

Office of the Secretary of State
Ross Miller
Elections Division
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05/27/10
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)**	$ 0.00	$ 0.00
2. Total Monetary Contributions in the form of loans guaranteed by a third party. **(See page 1 of instruction sheet)**	$ 0.00	$0.00
3. Total Monetary Contributions in the form of loans that were forgiven **(See page 2 of instruction sheet)**	$ 0.00	$0.00
4. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 3) **(See page 2 of instruction sheet)**	$ 0.00	$0.00
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)**	$ 0.00	$0.00
6. Total Value of In Kind Contributions Received in Excess of $100 **(See page 2 of instruction sheet)**	$ 0.00	$0.00
EXPENSES SUMMARY		
7. Total Monetary Expenses Paid in Excess of $100 **(See page 2 of instruction sheet)**	$ 34,650.00	$34,650.00
8. Total Value of In Kind Expenses in Excess of $100 **(See page 3 of instruction sheet)**	$ 0.00	$0.00

AFFIRMATION

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

Signature Date 5/27/10

CAMPAIGN CONTRIBUTIONS **Report Period** # 1

Sunrise Healthcare Good Government Fund

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 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR

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WRITTEN COMMITMENTS **Report Period** # 1

Sunrise Healthcare Good Government Fund

Name (print) Office (if applicable) District (if applicable)

Written Commitments in Excess of $100 or, When Added Together from One Entity Exceeds $100
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT

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CAMPAIGN EXPENSES Report Period #1

Sunrise Healthcare Good Government Fund

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.*

CAMPAIGN EXPENSES Report Period # 1

Sunrise Healthcare Good Government Fund

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

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
A BETTER NEVADA 3450 W .CHEYENNE AVE 100 LAS VEGAS, NV 89032	J	02/04/2010	$2,000.00
SENATE REPUBLICAN LEADERS FUND P.O BOX 281 RENO, NV 89504	J	02/04/2010	$2,000.00
JOE HARDY P.O BOX 60306 Boulder City, NV 89006	J	02/04/2010	$2,000.00
A BETTER NEVADA 3450 W.CHEYENNE AVE 100 Las Vegas, NV 89032	J	02/04/2010	$1,000.00
JOYCE WOODHOUSE 246 GARFIELD DRIVE HENDERSON, NV 89074	J	02/04/2010	$1,000.00
TERESA BENITEZ THOMPSON 1201 JOSHUA DRIVE RENO, NV 89509	J	02/10/2010	$500.00
JASON FRIERSON 5404 WALCOTT DRIVE Las Vegas, NV 89118	J	02/10/2010	$500.00
REPUBLICAN ASSEMBLY CAUCUS P.O BOX 401508 LAS VEGAS, NV 89140	J	02/10/2010	$2,500.00
IRENE BUSTAMANTE ADAMS 3800 REFLECTION WAY	J	02/10/2010	$500.00

LAS VEGAS, NV 89147			
HEIDI GANSERT 316 CALIFORNIA AVENUE 302 Reno, NV 89509	J	02/10/2010	$400.00
KELVIN ATKINSON 5631 INDIAN SPRINGS STREET NORTH LAS VEGAS, NV 89031	J	02/10/2010	$1,500.00
Marilyn Kirkpatrick 4747 Showdown Drive North Las Vegas, NV 89031	J	02/10/2010	$1,500.00
RUBEN KIHUEN P.O BOX 427 LAS VEGAS, NV 89125	J	02/10/2010	$2,000.00
MARCUS CONKLIN 2251 N.RAMPART BLVD 305 LAS VEGAS, NV 89128	J	02/10/2010	$1,500.00
William Horne 2251 N.RAMPART bLVD 357 Las Vegas, NV 89128	J	02/10/2010	$1,000.00
David Parks PO Box 71877 Las Vegas, NV 89170	J	02/12/2010	$500.00
Venicia Considine 5029 Lancaster Drive Las Vegas, NV 89120	J	02/12/2010	$500.00
ROSS MILLER 10120 S.EASTERN AVE 200 HENDERSON, NV 89052	J	02/12/2010	$2,500.00
Lucy Flores 2601 Vana Avenue North Las Vegas, NV 89030	J	03/02/2010	$500.00
Olivia Diaz PO Box 365072 North Las Vegas, NV 89036	J	03/02/2010	$500.00
SUSAN BRAGER 10796 REFECTORY AVE Las Vegas, NV 89135	J	03/02/2010	$1,000.00
Assembly Democratic Caucus 2251 N Rampart 341 Las Vegas, NV 89128	J	04/07/2010	$2,500.00
Harvey Munford 809 Sunny Place Las Vegas, NV 89106	J	04/19/2010	$750.00
KELLY KITE P.O BOX 2251 MINDEN, NV 89423	J	04/19/2010	$500.00
Joe Hogan 2208 Plaza de la Candela Las Vegas, NV 89102	J	04/19/2010	$500.00
Marilyn Dondero Loop 3724 Emerald Bay Circle Las Vegas, NV 89147	J	04/19/2010	$1,000.00
JAMES OHRENSCHALL P.O BOX 97741 LAS VEGAS, NV 89193	J	04/19/2010	$1,000.00
April Mastroluca 265 Copper Glow Court Henderson, NV 89074	J	04/19/2010	$1,000.00
CHRIS GIUNCHIGLIANI 1717 S.15TH STREET LAS VEGAS, NV 89104	J	05/24/2010	$2,000.00

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.
In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: *(1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

Example of in kind expenses: *(1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*

IN KIND CAMPAIGN CONTRIBUTIONS

Report Period # 1

Sunrise Healthcare Good Government Fund

Name (print) Office (if applicable) District (if applicable)

IN KIND

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100
Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

NAME AND ADDRESS	IN KIND CONTRI-BUTION	IN KIND CONTRIBUTION	IN KIND CONTRIBUTION/ COMMITMENT	IF LOAN	PARTY IF LOAN GUARANTEED BY 3rd PARTY	PERSON WHO FORGAVE THE LOAN

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IN KIND
WRITTEN COMMITMENTS

Report Period **# 1**

Sunrise Healthcare Good Government Fund

Name (print) Office (if applicable) District (if applicable)

In Kind Written Commitments In Excess of $100 or, When Added Together from One Entity Exceeds $100
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT

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IN KIND CAMPAIGN EXPENSES

Report Period **# 1**

Sunrise Healthcare Good Government Fund

Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses in Excess of $100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

SERVICE(S)			

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362