

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

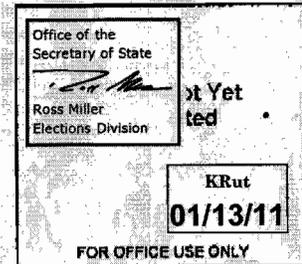
**Sunrise Healthcare Good Government Fund**

Name (print) **3186 S Maryland Pkwy, Las Vegas, NV, 89109** Office (if applicable) District (if applicable)  
 Mailing Address (include city and zip code) Telephone No. **26922**

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: 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



\* 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)	\$ 13,850.00	\$ 0.00
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 Forgoing is True and Correct.

Signature

Date

1/13/11

CAMPAIGN CONTRIBUTIONS

Report Period # 3





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**CAMPAIGN EXPENSES**

Report Period **# 3**

**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 # 3

**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)	(See Previous Page) NRS 294A.385	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
MOVE NEVADA FORWARD PAC 3450 W.Cheyenne Ave Ste 1000 North Las Vegas, NV 89032	J	10/25/2010	\$5,000.00
Assembly Democratic Caucus 2251 N Rampart 341 Las Vegas, NV 89128	J	12/17/2010	\$1,000.00
Nevada Senate Democrats 1210 S.Valley View Blvd 114 Las Vegas, NV 89102	J	12/17/2010	\$1,000.00
Senate Republican Caucus 770 Wildes Road Fallon, NV 89408	J	12/17/2010	\$750.00
REPUBLICAN ASSEMBLY CAUCUS P.O BOX 401508 LAS VEGAS, NV 89140	J	12/17/2010	\$750.00
Elizabeth Halseth 8022 South Rainbow Blvd 140 Las Vegas, NV 89139	J	12/17/2010	\$750.00
Michael Roberson P.O. Box 87251 Las Vegas, NV 89193	J	12/17/2010	\$750.00
Shirley Breeden 284 Kershner Ct Henderson, NV 89074	J	12/17/2010	\$500.00
Valerie Waner			

3540 West Sahara 352 Las Vegas, NV 89102	J	12/17/2010	\$1,000.00
Allison Copening 1821 Montvale Court Las Vegas, NV 89134	J	12/17/2010	\$1,000.00
Peter Livermore 4 Raglan Circle Carson City, NV 89701	J	12/17/2010	\$500.00
Scott Hammond 8408 Gracious Pines Avenue Las Vegas, NV 89143	J	12/17/2010	\$500.00
Stovan Brooks 5545 Mountain Vista A Las Vegas, NV 89120	J	12/17/2010	\$250.00

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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 # 3

**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

ADDRESS	CONTRIBUTION	CONTRIBUTION	CONTRIBUTION/ COMMITMENT	LOAN	GUARANTEED BY 3rd PARTY	FORGAVE THE LOAN


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**IN KIND  
WRITTEN COMMITMENTS**

Report Period # 3

**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



