

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Nevada Medical Political Action Committee
 Name (print) 3660 Baker Lane #101 Reno, NV 89509 Office (if applicable) District (if applicable) (775) 825-6788
 Mailing Address (include city and zip code) Telephone No. aparis@nsmadocs.org
 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

End of
FILED
MAY 28 2010
 SECRETARY OF STATE
 ELECTIONS DIVISION
 FOR OFFICE USE ONLY

24185

* 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)	\$8,000.00	\$8,000.00
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-
	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	\$8,000.00	\$8,000.00
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-	
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	-0-	

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	-0-	-0-
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	-0-	

AFFIRMATION

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

Amy Paris
 Signature

5-27-10
 Date

WRITTEN COMMITMENTS

Report Period # 1

Nevada Medical Political Action Committee

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 6 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
Wayne C. Hardwick, MD 1675 Davis Lane Reno, NV 89511	1-13-10	\$200.00
Mark T. Brune, MD P.O. Box 2113 Minden, NV 89423	2-1-10	\$200.00
Alan D. Steljes, MD 2839 St. Rose Pkwy #160 Henderson, NV 89074	2-2-10	\$200.00
John A. Bower, MD 1455 W. Washington Ave. #300 Las Vegas, NV 89128	3-9-10	\$200.00
G. Norman Christensen, MD Steptoe Circle #6 Ely, NV 89301	3-9-10	\$1,000.00
John W. Grinsell, MD 895 Gordon Avenue Reno, NV 89509	4-10-10	\$200.00
Ronald M. Kline, MD 3196 S. Maryland Pkwy #400 Las Vegas, NV 89109	5-20-10	\$300.00
N. Nevada Emergency Physicians 832 Willow Street Reno, NV 89502	5-20-10	\$5,000.00
Richard P. Seher, MD P.O. Box 30084 Reno, NV 89520	5-20-10	\$400.00
John S. Williamson, MD P.O. Box 30084 Reno, NV 89520	5-20-10	\$300.00

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Nevada Medical 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)

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**