

**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. 26670  
 E-Mail Address aparis@nsmadocs.org

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



\* 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)	\$1,650.00	\$23,425.00
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-
	<b>This Period</b>	<b>Cumulative From Beginning of Report Period #1 Through End of This Reporting Period</b>
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	\$1,650.00	\$23,425.00
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

1-03-2011

Date

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.**

**WRITTEN COMMITMENTS**Report Period # **3**

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 5 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
Clark A. Harrison, MD 880 Ryland Street Reno, NV 89502	11-01-10	\$300.00
Thaddeus A. Laird, MD 4278 Bitterroot Road Reno, NV 89519	12-02-10	\$125.00
Lee M. Reese, MD 1111 Shadow Lane Las Vegas, NV 89102	12-02-10	\$200.00
Georginna M. Duxbury, MD 75 Pringle Way #601 Reno, NV 89502	12-02-10	\$125.00
Timothy J. Bray, MD 555 N. Arlington Ave. Reno, NV 89503	12-03-10	\$200.00
Peter L. Althausen, MD 555 N. Arlington Ave. Reno, NV 89503	12-03-10	\$200.00
Bruce H. Baldecchi, MD 680 W. Nye Lane #101 Carson City, NV 89703	12-13-10	\$200.00
Calvin H. Vanreken, MD 2345 E. Prater Way #210 Sparks, NV 89434	12-13-10	\$300.00

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