

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Nevada State Psychological Association

Office (if applicable) Las Vegas, NV 89140

District (if applicable) 888-654-0050

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address admin@nvpsychology.org

27774

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

Annual Filing - Due January 15, 2011
 Period: January 1, 2008 – December 31, 2008

Report #1 Due — May 31, 2011*
 Period: Jan. 1, 2011 — May 26, 2011

Report #2 Due — July 15, 2011*
 Period: May 27, 2011 — June 30, 2011

Annual Filing – Due January 15, 2012
 *Period: July 1, 2011 – December 31, 2011
 **Period: Jan. 1, 2011 – December 31, 2011



* These Reports are filed by incumbents/candidates running for office in the 2011 election cycle
 ** These Reports are filed by incumbents not running for office this cycle who: (1) raised contributions in excess of \$100; or (2) have money left over from a previous campaign

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 2 of instruction sheet)	0	0
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)	0	0
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	0
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	0

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	11,646.25	11,646.25
8. Total Amount of All Monetary Expenses Paid (Add Lines 7 and 8) (See page 2 of instruction sheet)	11,646.25	11,646.25
9. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)		

AFFIRMATION

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

Signature [Handwritten Signature]

Date 7/22/11

Nevada State Psychological Association
 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.**

