BUSINESS ASSOCIATION/PARTNERSHIP | NAME OF CURRENT ELECTED OFFICIAL

N/A

SECTION 4

LIST BELOW THE NAME OF ANY COMMISSIONER FOR WHOM YOU HAVE, FOR COMPENSATION, IN CONNECTION WITH A POLITICAL CAMPAIGN OF THE COMMISSIONER, PROVIDED CONSULTING, ADVERTISING OR OTHER PROFESSIONAL SERVICES SINCE THE BEGINNING OF THE PRECEDING CALENDAR YEAR.

NAME

DISCLOSURE

This section should be completed for each communication with a member of the Board of County Commissioners within 5 days after the communication has occurred. Completed forms may be submitted to the front desk at the County Commissioner's Office or the Clerk's Office, Commission Division or faxed to the County Clerk, Commission Division at 455-4626.

SECTION 5

LOBBYIST'S FULL NAME: Todd P. Sklansky

COMMUNICATION DATE: 12-12-12

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: Sunrise Hospital Commitment to Community and indigent care / funding

COMMISSIONER CONTACTED: Commissioner Brown

SIGNATURE OF LOBBYIST | DATE 12-12-12.

*An amendment to this registration must be filed with the Clark County Clerk's Office, Commission Division, if there is a substantial change or addition with respect to the information contained in the original registration statement.

Badge # _____
Return Date _____
Renewal Date _____

CLARK COUNTY
LOBBYIST REGISTRATION STATEMENT/ DISCLOSURE FORM

FILED

2012 DEC 14 A 10: 56

CLERK

Pursuant to Ordinance No. 3754 which states in part that: "Every person who acts as a lobbyist shall, not later than 5 days after the beginning of the activity, file a registration statement with the County Clerk, Commission Division."

- If registering as an annual lobbyist, this form must be completed once in its entirety. For all subsequent communication, lobbyist need only complete **Section 5**. Registration statements for annual lobbyists are due no later than **January 10th** of each calendar year.
- For lobbyist not registered annually, this form must be completed in its entirety for each communication.

Completed forms may also be submitted by fax to the County Clerk, Commission Division at 455-4626. This form can be accessed on the County's website at: www.co.clark.nv.us/clerk/forms.htm

SECTION 1

LOBBYIST'S FULL NAME: Todd P. Sklamberg

APPLICATION DATE: 12-12-12

PERMANENT ADDRESS: 11327 Winter Cotton Place Las Vegas NV 89135

BUSINESS NAME: Sunrise Hospital & Medical Center

BUSINESS ADDRESS: 3186 S. Maryland Parkway Las Vegas NV 89109

SECTION 2

PROVIDE THE FULL NAME AND COMPLETE ADDRESS OF EACH PERSON, GROUP OR ORGANIZATION BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING:

NAME/BUSINESS NAME	ADDRESS	PHONE
Sunrise Hospital & Medical Center	(see above)	702 731-8012

SECTION 3

PROVIDE A LISTING OF ANY DIRECT BUSINESS ASSOCIATIONS OR PARTNERSHIPS INVOLVING ANY CURRENT COMMISSIONER. THE LISTING MUST INCLUDE ANY SUCH ASSOCIATION OR PARTNERSHIP CONSTITUTING A SOURCE OF INCOME OR INVOLVING A DEBT OR INTEREST IN REAL ESTATE REQUIRED TO BE DISCLOSED IN A STATEMENT OF FINANCIAL DISCLOSURE MADE BY A CANDIDATE FOR PUBLIC OFFICE OR A PUBLIC OFFICER PURSUANT TO NRS 281A. 620:

BUSINESS ASSOCIATION/PARTNERSHIP | NAME OF CURRENT ELECTED OFFICIAL

N/A

SECTION 4

LIST BELOW THE NAME OF ANY COMMISSIONER FOR WHOM YOU HAVE, FOR COMPENSATION, IN CONNECTION WITH A POLITICAL CAMPAIGN OF THE COMMISSIONER, PROVIDED CONSULTING, ADVERTISING OR OTHER PROFESSIONAL SERVICES SINCE THE BEGINNING OF THE PRECEDING CALENDAR YEAR.

NAME

Commissioner

DISCLOSURE

This section should be completed for each communication with a member of the Board of County Commissioners within 5 days after the communication has occurred. Completed forms may be submitted to the front desk at the County Commissioner's Office or the Clerk's Office, Commission Division or faxed to the County Clerk, Commission Division at 455-4626.

SECTION 5

LOBBYIST'S FULL NAME: Todd P. Klamberg

COMMUNICATION DATE: 12-11-12

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: Sunrise Hospital Commitment to Community and Indigent Care / Funding.

COMMISSIONER CONTACTED: Commissioner Weekly

Todd Klamberg — 12-12-12

SIGNATURE OF LOBBYIST — DATE

*An amendment to this registration must be filed with the Clark County Clerk's Office, Commission Division, if there is a substantial change or addition with respect to the information contained in the original registration statement.

Badge # _____
Return Date _____
Renewal Date _____

CLARK COUNTY
LOBBYIST REGISTRATION STATEMENT/ DISCLOSURE FORM

FILED

2012 DEC 14 A 10: 56

CLERK

Pursuant to Ordinance No. 3754 which states in part that: "Every person who acts as a lobbyist shall, not later than 5 days after the beginning of the activity, file a registration statement with the County Clerk, Commission Division."

- If registering as an annual lobbyist, this form must be completed once in its entirety. For all subsequent communication, lobbyist need only complete **Section 5**. Registration statements for annual lobbyists are due no later than **January 10th** of each calendar year.
- For lobbyist not registered annually, this form must be completed in its entirety for each communication.

Completed forms may also be submitted by fax to the County Clerk, Commission Division at 455-4626. This form can be accessed on the County's website at: www.co.clark.nv.us/clerk/forms.htm

SECTION 1

LOBBYIST'S FULL NAME: Todd P. Sklamberg

APPLICATION DATE: 12-12-12

PERMANENT ADDRESS: 11327 Winter Cottage Pl Las Vegas NV 89135

BUSINESS NAME: Sunrise Hospital & Medical Center

BUSINESS ADDRESS: 3186 S. Maryland Parkway Las Vegas NV 89109

SECTION 2

PROVIDE THE FULL NAME AND COMPLETE ADDRESS OF EACH PERSON, GROUP OR ORGANIZATION BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING:

NAME/BUSINESS NAME	ADDRESS	PHONE
Sunrise Hospital & Medical Center	(see above)	702 731-8000

SECTION 3

PROVIDE A LISTING OF ANY DIRECT BUSINESS ASSOCIATIONS OR PARTNERSHIPS INVOLVING ANY CURRENT COMMISSIONER. THE LISTING MUST INCLUDE ANY SUCH ASSOCIATION OR PARTNERSHIP CONSTITUTING A SOURCE OF INCOME OR INVOLVING A DEBT OR INTEREST IN REAL ESTATE REQUIRED TO BE DISCLOSED IN A STATEMENT OF FINANCIAL DISCLOSURE MADE BY A CANDIDATE FOR PUBLIC OFFICE OR A PUBLIC OFFICER PURSUANT TO NRS 281A. 620: