

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

The Majority Fund

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E-Mail Address wjhardy@cox.net Telephone No.

Select Appropriate Box(es) [] CANDIDATE [X] PAC [] BAG [] POL PRTY [] IND EXP [] NONPROFIT CORP
[] AMENDED [] ANNUAL FILING [] PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- [] Annual Filing - Due January 15, 2007
[] Report #1 - Due March 27, 2007*
[] Report #2 Due - May 29, 2007*
[] Report #3 Due - July 15, 2007*
[X] Annual Filing - Due January 15, 2008

FOR OFFICE USE ONLY

17804

* These Reports are filed by incumbents/candidates running for office in the 2007 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

- 1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less
3. Total Monetary Contributions in the form of loans guaranteed by a third party.
4. Total Monetary Contributions in the form of loans that were forgiven

Table with columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period

- 5. Total Amount of Monetary Contributions Received
6. Total Amount of Written Commitments for Contributions
7. Total Value of In Kind Contributions Received in Excess of \$100

Table with columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period

EXPENSES SUMMARY

- 8. Total Monetary Expenses Paid in Excess of \$100
9. Total Monetary Expenses Paid of \$100 or Less
10. Total Amount of All Monetary Expenses Paid
11. Total Value of In Kind Expenses in Excess of \$100
12. Disposition of Unspent Contributions

Table with columns: This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period

AFFIRMATION

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

Signature W. Bits

Date 1/14/08

FAXED / FILED

JAN 15 2008

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
James B. Cirtoson, M.D. Medical Practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Green Medical Plaza, LLP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Expense T & H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amisco	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
1696 Yellow Blvd #11 Las Vegas, NV	Vacation Residence

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
None	\$
	\$
	\$
	\$
	\$

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/15/08 Signature: James B. Cirtoson