

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Nevada Dental Association New PAC / NDA PAC
 Office (if applicable)
 Mailing Address (include city and zip code) 8863 W. Flamingo Rd Ste 102 Las Vegas NV 89147
 District (if applicable) (602) 255-4211
 Telephone No. Nda@lasvegas.net
 E-Mail Address

Select Appropriate Box(es) CANDIDATE 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
Period: January 1, 2006 - December 31, 2006
- Report #1 - Due March 27, 2007*
Period: Jan. 1, 2007 - March 22, 2007
- Report #2 Due - May 29, 2007*
Period: Mar. 23, 2007 - May 24, 2007
- Report #3 Due - July 15, 2007*
Period: May 25, 2007 - June 30, 2007
- Annual Filing - Due January 15, 2008
*Period: July 1, 2007 - December 31, 2007
**Period: Jan. 1, 2007 - December 31, 2007

18095

FILED

AP JAN 29 2008

SECRETARY OF STATE
ELECTIONS DIVISION

FOR OFFICE USE ONLY

* 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

	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)		
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	61200.00	61200.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)		
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		
This Period		
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	61200.00	61200.00
6. 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
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	0
Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	74947.90	74947.90
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	177.93	177.93
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	75125.83	75125.83
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	0	0
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15 th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)	N/A	

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

Signature [Signature] Date 1-24-08
 ELPG201.doc Revised: Nov-06 PAGE 1 OF 5

Nevada Dental Association - NEW PAC / NDAPAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
<i>Committee to Elect Bob Barr.</i>	<i>J</i>	<i>1/03/07</i>	<i>1000.00</i>
<i>FRIENDS of Dina Titus</i>	<i>J</i>	<i>1/03/07</i>	<i>1000.00</i>
<i>JONES VARGAS</i>	<i>F</i>	<i>1/30/07</i>	<i>1700.00</i>
<i>Platinum Plus Business CARD</i>	<i>C</i>	<i>2/16/07</i>	<i>221.64</i>
<i>Wells Fargo</i>	<i>C</i>	<i>2/28/07</i>	<i>520.92</i>
<i>JONES VARGAS</i>	<i>F</i>	<i>3/05/07</i>	<i>1700.00</i>
<i>Platinum Plus Business CARD</i>	<i>C</i>	<i>3/20/07</i>	<i>623.04</i>
<i>Great Basin Primary Care Assoc.</i>	<i>C</i>	<i>4/09/07</i>	<i>250.00</i>
<i>JONES VARGAS</i>	<i>F</i>	<i>4/09/07</i>	<i>1700.00</i>
<i>JONES VARGAS</i>	<i>F</i>	<i>5/07/07</i>	<i>1700.00</i>
<i>JONES VARGAS</i>	<i>F</i>	<i>5/23/07</i>	<i>1700.00</i>
<i>JONES VARGAS</i>	<i>F</i>	<i>6/28/07</i>	<i>1700.00</i>

This page may be copied or duplicated if additional space is needed.

Nevada Dental Association NEVPAC / NDA PAC
 Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$100
 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Jones VARGAS	F	7/27/07	1700.00
JONE VARGAS	F	7/27/07	5494.18
Houldsworth Russo	F	8/8/07	750.00
Jones VARGAS	F	8/21/07	4635.00
Jones VARGAS	F	8/28/07	1700.00
Houldsworth Russo	F	9/07/07	455.00
JONE VARGAS	F	9/25/07	960.00
Houldsworth Russo	F	10/11/07	2800.00
FRIENDS of DENA TITUS	J	10/11/07	2500.00
Senator Dean A Rhoads	J	10/11/07	2500.00
Senator William Raggio	J	10/11/07	2500.00
Senator Mike McGinness	J	10/11/07	2500.00

This page may be copied or duplicated if additional space is needed.

Nevada Dental Association NEOPAC/NOAAPAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Assemblyman Tom Granly	J	10/11/07	1000.00
Assemblyman Pete Grovacek	J	10/11/07	1000.00
Assemblyman John Carpenter	J	10/11/07	1000.00
Business CARD - Bank of America	C	10/15/07	874.90
Assemblyman Harvey Mansford	J	10/18/07	1000.00
Wells Fargo	C	10/29/07	349.10
Senator Bob Bees.	J	11/02/07	2500.00
Assemblyman John DeGuerre	J	11/05/07	2000.00
Assemblyman Francis Allen	J	11/05/07	1000.00
Assemblyman Lynn Stewart	J	11/05/07	1000.00
Assemblyman Mo Davis	J	11/06/07	1000.00
Assemblyman Rick Segerblom	J	11/06/07	1000.00

This page may be copied or duplicated if additional space is needed.

Neovada Dental Associates *NOADA/NOADA*
 Name (print) Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
<i>Senator Joe Heck</i>	<i>J</i>	<i>11/06/07</i>	<i>2500.00</i>
<i>Assemblywoman Valerie Weber</i>	<i>J</i>	<i>11/06/07</i>	<i>1000.00</i>
<i>Assemblywoman BARBARA Buckley</i>	<i>J</i>	<i>11/06/07</i>	<i>2500.00</i>
<i>JONES VARGAS</i>	<i>F</i>	<i>11/07/07</i>	<i>1700.00</i>
<i>Houlihan Russo</i>	<i>F</i>	<i>11/07/07</i>	<i>3200.00</i>
<i>Assemblyman Ty Cobb</i>	<i>J</i>	<i>11/09/07</i>	<i>1000.00</i>
<i>Wells Fargo BANK</i>	<i>C</i>	<i>11/26/07</i>	<i>150.00</i>
<i>JONES VARGAS</i>	<i>F</i>	<i>12/04/07</i>	<i>1700.00</i>
<i>JAMES JONES DDS</i>	<i>C</i>	<i>12/05/07</i>	<i>975.00</i>
<i>Joel F. Glover DDS</i>	<i>C</i>	<i>12/05/07</i>	<i>1701.69</i>
<i>Business CARD - Bushy Hamer</i>	<i>C</i>	<i>12/17/07</i>	<i>2887.43</i>

This page may be copied or duplicated if additional space is needed.