

Revised

FILE 1939

NEVADA FINANCIAL DISCLOSURE STATEMENT  
(Attach additional sheets if necessary)

MAY 22 2006  
Certified R  
DEAN HELLER  
SECRETARY OF STATE

NAME EMILY BERTOLDO  
MAILING ADDRESS 1255 GRASS CREEK AVE #3  
CITY, STATE, ZIP HENDERSON, NV 89012  
TELEPHONE 702-544-6777

LENGTH OF RESIDENCE IN NEVADA 1 yr, 8 months  
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (per NRS 281.571(1)(a)) 2 months  
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List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

| Public Office                   | Elected (E) or Appointed (A) | Annual Compensation | Term or Date Appointed | ANNUAL  | CANDIDATE   | APPOINTMENT   |
|---------------------------------|------------------------------|---------------------|------------------------|---|---|---|
|                                 |                              |                     |                        | all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.569(1)(b) 281.563(1)(b) | (no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate) NRS 281.564(1)(a) | to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.564(1)(a) |
| NEVADA STATE ASSEMBLY, DIST. 29 | E                            | \$ 7,800            | 11-01-06               | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  |
|                                 |                              | \$                  |                        | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                                 |                              | \$                  |                        | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

|   | Self                                | Household Member         |
|---|-------------------------------------|--------------------------|
| INCOME FROM EMPLOYMENT (EN ENGINEERING) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | <input type="checkbox"/>            | <input type="checkbox"/> |

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

|                             | Self                                | Household Member         |
|-----------------------------|-------------------------------------|--------------------------|
| CREDIT CARD (MBNA)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| LOAN (ACS)                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| LOAN (SALLIE MAE SERVICING) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                             | <input type="checkbox"/>            | <input type="checkbox"/> |
|                             | <input type="checkbox"/>            | <input type="checkbox"/> |

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         |
|-----|--------------------------|--------------------------|
| N/A | <input type="checkbox"/> | <input 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 |
|-------------------|----------------|
| N/A               |                |
|                   |                |
|                   |                |

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 |
|-------|---------------|
|       | \$            |
|       | \$            |
|       | \$            |
|       | \$            |
|       | \$            |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 18 May 2006 Signature: 