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JAN 1 6 2007

SECRETARY OF STATE
ELECTIONS DIVISION

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

NAME Olivia E. Ewing
MAILING ADDRESS PO Box 1087
CITY, STATE, ZIP Fallon Nv 89407
TELEPHONE 775 423 4921

LENGTH OF RESIDENCE IN NEVADA 30 Years
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 30 Years
E-MAIL N/A

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 all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
Churchill County Mosquito & Weed Abatement Board	Running	$1,200.00	Running Nov '06	☐	☒	☐
		$		☐	☐	☐
		$		☐	☐	☐

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
Nv. Pers	☒	☐
St. Disability	☒	☐
Part Time job at New Frontier Treatment Center - Fallon	☒	☐
	☐	☐
	☐	☐

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
MBNA America Master Card	☒	☐
RBS Mastercard	☒	☐
	☐	☐
	☐	☐
	☐	☐

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	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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
N/A	$
	$
	$
	$
	$

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 8-7-'06 Signature: Olivia E Ewing

Revised 8/23/2005

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SECRETARY OF STATE
ELECTIONS DIVISION

STATE OF NEVADA COMMISSION ON ETHICS

3476 Executive Pointe Way, Suite 10 • Carson City, Nevada 89706
(775) 687-5469 • FAX (775) 687-1279

Acknowledgment of Ethical Standards for Public Officers

(Required by NRS 281.552)

I hereby acknowledge that I have read and understand the statutory ethical standards for public officers and public employees provided in NRS Chapter 281. I acknowledge that I have (check all that apply):

☐ reviewed the provisions of NRS Chapter 281 on-line from the Commission's website http://ethics.nv.gov

☒ reviewed the provisions of NRS Chapter 281 by requesting a copy thereof from the Commission office.

I understand that I am required to file this acknowledgment with the Nevada Commission on Ethics or the Secretary of State pursuant to NRS 281.561, and that refusal to execute and file this acknowledgment constitutes nonfeasance in office and is a ground for removal pursuant to NRS 283.440.

8-7-06	Olivia E Ewing
Date	Signature
775 4234921	Olivia E. Ewing
Telephone Number	Printed Name
SAme	PO Box 1087 Fallon NV 89407
Fax Number	Mailing Address, City, State, Zip Code
N/A	
E-mail Address	
Board Member	Churchill Co. Mosquito + Weed Abatement District
Office or Position	Government Entity

PLEASE NOTE: If you are required to file a financial disclosure statement pursuant to NRS 281.561, this form must accompany the first statement of financial disclosure you file once you are elected to public office. If you are an appointed public officer who will be entitled to receive less than $6,000 per year of service and will not have to file a statement of financial disclosure, please file the form within 60 days of your appointment to office.

File completed form with:

Appointed Public Officers
Nevada Commission on Ethics
3476 Executive Pointe Way, Suite 10
Carson City, Nevada 89706
775.687.5469 • 775.687.1279 fax

Elected Public Officers
Nevada Secretary of State, Elections Division
101 North Carson Street, Suite 3
Carson City, NV 89701
775.684.5705 • 775.684.5718 fax

Pursuant to NRS 281.552, filing of this form is not required for candidates for public office.

Rev. 07/2005