

FILED 15092

JAN 16 2007

SECRETARY OF STATE
ELECTIONS DIVISION
Kamille Brown

NEVADA FINANCIAL DISCLOSURE STATEMENT
(Attach additional sheets if necessary.)

NAME Jim Gibbons LENGTH OF RESIDENCE IN NEVADA 62 years
MAILING ADDRESS 2535 Kinney Lane LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO
CITY, STATE, ZIP Reno, Nevada 89511 VOTE [per NRS 281.571(1)(a)] 62 years
TELEPHONE 775-851-4266 E-MAIL boomer@hdiss.net

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 281.559(1)(b) 281.561(1)(b)	(no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
Governor	E	\$ 141,000	1-1-2007	<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"/>

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
Governor of Nevada	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U.S. Government (DOD pension)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Delta Airlines Inc. (pensions), Delta Airlines Family Care (savings - dividend interest)	<input checked="" type="checkbox"/>	<input checked="" 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
n/a	<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
Gibbons Family Trust (trustee and beneficiary)	<input checked="" 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"/>	<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
SE 1/4 NE 1/4 SE 1/4 NW 1/4, Section 11.T.30.N,R.19 E.,MDB&M (Washoe County)	Agriculture/Recreation
NE 1/4 SE 1/4, Section 11, T.30.N., R.19.E, MDB&M (Washoe County)	Agriculture/Recreation
2535 Kinney Lane, Reno, NV 89511	Primary 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
n/a	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/16/07 Signature: Jim Gibbons

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Handwritten signature
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 pursuant to NRS 281.559 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.

1/16/07
Date

Jim Gibbons
Signature

775-684-5670
Telephone Number

Jim Gibbons
Printed Name

775-684-5683
Fax Number

101 N. Carson st Carson city, NV 89701
Mailing Address, City, State, Zip Code

boomer@hdiss.net
E-mail Address

Governor
Office or Position

state of Nevada
Government Entity

PLEASE NOTE: If you are an elected public officer 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. The requirement to file this ethics acknowledgment applies each time you are elected to office or re-elected to a new term of 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 be required to file a statement of financial disclosure upon your appointment to office, please file the form within 30 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.