

MARCH 2007

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

SECRETARY OF STATE  
ELECTIONS DIVISION

NAME BARBARA HOWE  
MAILING ADDRESS 233 TACOMA AVE.  
CITY, STATE, ZIP CARSON CITY, NV 89703  
TELEPHONE 775-882-0485

LENGTH OF RESIDENCE IN NEVADA 2 1/2 YRS. 16002  
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 2 1/2 YRS.  
E-MAIL barbhowe@EXCITE.COM

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 10 <sup>th</sup> 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)
<u>Carson City School Board Trustee</u>	<u>E</u>	<u>\$1,920</u>	<u>2010</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<u>\$</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<u>\$</u>	_____	<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)]:

Source of Income	Self	Household Member
<u>State of NV - Health Division</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>" " - Division of Insurance</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>CCSD Board Trustee</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>XL Hospice - Fallon</u>	<input checked="" 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)]:

Creditor	Self	Household Member
<u>None</u>	<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"/>	<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
<u>None</u>	<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"/>	<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
<u>LAND - outside Reno, CA (Hesse County)</u>	<u>Recreational</u>
_____	_____
_____	_____

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
<u>None</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.**

Date: March 16, 2007 Signature: Barbara Howe

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NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

SECRETARY OF STATE ELECTIONS DIVISION

NAME BARBARA HOWE
MAILING ADDRESS 233 TACOMA AVE
CITY, STATE, ZIP CARSON CITY, NV 89703
TELEPHONE 775-882-0485

LENGTH OF RESIDENCE IN NEVADA 2 1/2 YRS.
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 2 1/2 YRS.
E-MAIL barbhowe@EXCITE.COM

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

Table with 7 columns: Public Office, Elected (E) or Appointed (A), Annual Compensation, Term or Date Appointed, ANNUAL all elected and appointed public officers, CANDIDATE (no later than the 10th day after the last day to qualify as a candidate), APPOINTMENT to fill unexpired term of an elected or appointed public officer. Includes entry for Carson City School Board Trustee.

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

Table with 2 columns: Source of Income, Self, Household Member. Includes entries for State of NV - Health Division, State of NV - Division of Insurance, CCSD Board Trustee, XL Hospice - 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)]:

Table with 2 columns: Creditor Name, Self, Household Member. Entry: None.

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
<u>None</u>	<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
<u>LAND - outside Pahrump, NV</u> <u>(Nye County)</u>	<u>Recreational</u>

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
<u>None</u>	\$ _____
	\$ _____
	\$ _____
	\$ _____
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Date: March 16, 2007 Signature: Barbara Howe