

R JAN 04 2007

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

SECRETARY OF STATE ELECTIONS DIVISION

14579

NAME Tom Kennedy
MAILING ADDRESS PO Box 12024
CITY, STATE, ZIP Zephyr Cove, NV 89448
TELEPHONE (775) 588-4307

LENGTH OF RESIDENCE IN NEVADA 8 years
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO
VOTE [per NRS 281.571(1)(a)] 8 years
E-MAIL tommyken@charter.net

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 Skyland GID.

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 Skyland GID, IMG - Bethesda MD, JWA Consulting Engineers - Zephyr Cove, NV, Social Security Administration, and Interest & Dividends.

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. Includes entry for 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
None _____	<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)]:

None	Specific Location	Particular Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)]:

None	Donor	Value of Gift
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 12/30/06 Signature: 