

FILED
certified
JAN 11 2007

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

SECRETARY OF STATE
 ELECTIONS DIVISION
 15428

NAME KATHY McCLAIN
 MAILING ADDRESS 2457 SWAN LANE
 CITY, STATE, ZIP LAS VEGAS, NV 89121
 TELEPHONE 702-898-5579

LENGTH OF RESIDENCE IN NEVADA 17 years
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 11 years
 E-MAIL KMcCLAIN@Asm.State.NV.US

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)
<u>Assembly District 15</u>	<u>X</u>	<u>\$ 8200</u>		<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
<u>CLARK County Social Service</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>LAS Vegas College</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Social Security</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>CONSULTANT, self</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)]:

	Self	Household Member
<u>N/A</u>	<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
Consultant	<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 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: Jan 10, 2007

Signature: Kathy McChain

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

File completed form with:
 Elected Public Officers and Candidates for Public Office
 Nevada Secretary of State, Elections Division
 101 North Carson Street, Suite 3
 Carson City, NV 89701
 775.684.5705 • 775.684.5718 fax

DEAN HELLER
SECRETARY OF STATE
State of Nevada
2006
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

**Candidate
Acknowledgement**

I, KATHY McCLAIN, hereby acknowledge receipt of the required forms and filing date schedule for the reporting of contributions and expenses pursuant to the Nevada Campaign Practices Act. I understand that:

- I must file the prescribed reports by:
Report No. 1 – August 8, 2006
Report No. 2 – October 31, 2006
Report No. 3 – January 15, 2007
- A violation of the reporting of contributions and expenses is subject to a civil penalty of up to \$5,000 for each violation and payment of court costs and attorney's fees;
- I must file the required Contributions & Expenses Reports even though:
 - (1) I withdraw my candidacy;
 - (2) I have no opposition;
 - (3) I lose the primary;
 - (4) My name does not appear on either the primary or general election ballot;
 - (5) I am elected to office;
 - (6) I do not file a declaration of candidacy, but am a candidate as defined in NRS 294A.005 because I have received campaign contributions in excess of \$100; or
 - (7) I do not receive contributions and/or expend any funds (less the filing fee).
- I UNDERSTAND THAT A MONETARY CIVIL PENALTY MAY BE ASSESSED TO ME FOR FAILURE TO TIMELY FILE THESE REPORTS. (NRS 294A.420)
- I UNDERSTAND THAT EACH REPORT MUST BE SIGNED UNDER PENALTY OF PERJURY. (NRS 294A.120, 294A.200)


Signature

Received and Filed:

This _____ day of _____, 2006

Filing Officer

FILING OFFICER: This form is to be signed, detached and a copy is to be given to the candidate.

Any questions? Please visit our website or contact this office at the following:
101 N. Carson Street, Suite 3, Carson City, NV 89701 • 775/684-5705 • www.sos.state.nv.us • nvelect@govmail.state.nv.us