

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

**JAN 10 2007**  
*certifier*  
**SECRETARY OF STATE  
ELECTIONS DIVISION**  
14792

NAME CHARLES M. SHEPPERD LENGTH OF RESIDENCE IN NEVADA 2 1/2 YRS.  
 MAILING ADDRESS 439 DOG LEG DR. LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO  
 CITY, STATE, ZIP FERNLEY, NV 89408 VOTE [per NRS 281.571(1)(a)] 2 1/2 YRS.  
 TELEPHONE 775-575-6194 E-MAIL CSHEPPERD@CITYOFFERNLEY.ORG

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

| Public Office               | Elected (E) or<br>Appointed (A) | Annual<br>Compensation | Term or<br>Date Appointed | ANNUAL   | CANDIDATE   | APPOINTMENT   |
|-----------------------------|---------------------------------|------------------------|---------------------------|--|---|---|
|                             |                                 |                        |                           | all elected and<br>appointed public<br>officers<br>(no later than Jan. 15<br>each year)<br>NRS<br>281.559(1)(b)<br>281.561(1)(b) | (no later than<br>the 10 <sup>th</sup> day<br>after the last day<br>to qualify as a<br>candidate)<br>NRS<br>281.561(1)(a) | to fill unexpired term<br>of an elected or<br>appointed public<br>officer<br>(within 30 days)<br>NRS<br>281.559(1)(a) |
| <u>FERNLEY CITY COUNCIL</u> | <u>E</u>                        | <u>\$ 10,800</u>       | <u>4 YR.</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<br>Member                 |
|------------------------------------|-------------------------------------|-------------------------------------|
| <u>LYON COUNTY SCHOOL DISTRICT</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <u>CITY OF FERNLEY, NV</u>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <u>CITY OF SPARKS, NV</u>          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <u>GUARD-RITE, INC.</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<br>Member                 |
|------------------------|-------------------------------------|-------------------------------------|
| <u>BANK OF AMERICA</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <u>DISCOVER</u>        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <u>COUNTRY WIDE -</u>  | <input checked="" 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>GUARD-RITE INC.</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"/>            | <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>N/A</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>N/A</u> | \$ _____      |
| _____      | \$ _____      |
| _____      | \$ _____      |
| _____      | \$ _____      |
| _____      | \$ _____      |

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

Date: 01/08/07 Signature: 