

MAR 20 2007
certified
SECRETARY OF STATE
ELECTIONS DIVISION
15961

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

NAME CHARLES W. SHIPLEY LENGTH OF RESIDENCE IN NEVADA 44 yrs
MAILING ADDRESS 9550 WEST NAUASO TRAIL LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO
CITY, STATE, ZIP SILVER SPRINGS NV. 89429 NOTE [per NRS 281.571(1)(a)] 12 yrs
TELEPHONE 775-629-9166 E-MAIL HOI3LZ@AOL.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	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>LYON CO. SCHOOL BOARD DIST. #4 E</u>	<u>E</u>	<u>\$ 1,600.00</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>CARSON CITY SCHOOL DIST.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>RADIATION ONCOLOGY</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input 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
<u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

