

RECEIVED

JAN 14 2008

NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

(Please read the instructions before completing.)

COMMISSION ON ETHICS

PERSONAL INFORMATION:

18617

NAME: DAVID KENNEDY	LENGTH OF RESIDENCE IN NEVADA: 5 YEARS
ADDRESS: 5960 GRASS VALLEY RD	
CITY, STATE, ZIP: RENO, NV 89510	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (NRS 281A.620(1)(a)): 6 YEARS
TELEPHONE: 775-475-0156	E-MAIL:

SECTION A (Public Office): List all public offices for which this financial disclosure statement is required [NRS 281A.620.1(g)] and check each box accordingly i.e. annual, candidate or appointment filing:

- ANNUAL all elected and appointed public officers (no later than Jan. 15 each year)
- 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 (within 30 days)

Public Office	Elected, Appointed or Appointed to Elective (E, A or A/E)	Annual Compensation	Term or Date Appointed	ANNUAL NRS 281A.600.1(b) 281A.610.1(b)	CANDIDATE NRS 281A.610.1(a)	APPOINTMENT NRS 281A.600.1(a)
TRUSTEE - PALMIND VALLEY GID	A/E	\$ —	4/07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A/E	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A/E	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B (Sources of Income): List each source of your income (including any source listed in Section A), or that of any member of your household who is 18 years of age or older. [NRS 281A.620.1(b)]:

	Self	Household Member
SOCIAL SECURITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
THE ESAB-HOWDEN PENSION PLAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SELF EMPLOYMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BALLY TECHNOLOGIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION C (Real Property): 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 281A.620.1(c)]:

Specific Location	Particular Use

[Empty box for name]

Print Name of Public Officer

SECTION D (Creditors): 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 in Section C above; and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281A.620.1(d)]:

	Self	Household Member
U.S. DEPARTMENT OF EDUCATION	<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"/>

SECTION E (Gifts): List the identity of donor and value of each gift of all gifts 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 281A.620.1(e)]:

Donor	Gift	Value of Gift
		\$
		\$
		\$
		\$

SECTION F (Business Entities): 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 281A.620.1(f)]:

	Self	Household Member
SELF EMPLOYMENT / PART TIME	<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"/>

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/10/08

Signature: [Handwritten Signature]
Print name: DAVID W KENNEDY

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

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