

FILED

NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

Please read the instruction before completing. Attach additional sheets if necessary.

20939  
A 8:08  
K. Egan, Chief Deputy  
CLERK

PERSONAL INFORMATION:

NAME: <u>DEILAH Joyce SNIFFEN</u>	LENGTH OF RESIDENCE IN NEVADA: <u>29 years</u>
ADDRESS: <u>Box 262 502 Second &amp; Oasis St.</u>	
CITY, STATE, ZIP: <u>Goldfield, Nevada 89003</u>	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: <u>29 years</u>
TELEPHONE: <u>775-485-3488</u>	E-MAIL:

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

Title of Public Office and Name of Government	Elected, appointed or appointed to succeed (E, A, AE)	Annual Compensation	Date elected or appointed	Check the appropriate boxes below		
				ANNUAL NRS 281A.620.1 & 281A.630.1	CANDIDATE NRS 281A.630.1(a)	APPOINTMENT NRS 281A.620.1
<u>County School Board member</u> <sup>Sept</sup> <u>B</u>	<u>E</u>	<u>\$</u>	<u>11-08</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION B (Sources of Income). List each source of your income (in addition to 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).

	Household Member	
	Self	Member
<u>Retirement</u>	<input checked="" type="checkbox"/>	
<u>Social Security</u>		<input checked="" type="checkbox"/>
<u>Hospital Employee</u>		<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
<u>0</u>	<u>0</u>

Revised 10/24/2008

Name of Public Officer: Delilah Joyce SNIFFEN

**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 your personal residence; and (2) debt on a motor vehicle for personal use retained by seller. NRS 281A.620.1(d).

	Household	
	Self	Member
	Check the appropriate boxes	
<u>0</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION E (Gifts):** List the gift, identity of donor and value of each gift if all gifts received are 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)

Gift	Donor	Value of Gift
<u>0</u>	<u>0</u>	\$ <u>0</u>
		\$
		\$
		\$

**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).

	Household	
	Self	Member
	Check the appropriate boxes	
<u>0</u>	<input checked="" 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: January 14<sup>th</sup> 2009

Signature: Delilah Joyce Sniffen

Print Name: Delilah Joyce SNIFFEN

**WHERE TO FILE:**

**APPOINTED PUBLIC OFFICERS  
SUBMIT TO:**  
Nevada Commission on Ethics  
3478 Executive Pointe Way, Suite 10  
Carson City, Nevada 89706  
775.687.5489 - 775.687.1219 fax

**ELECTED PUBLIC OFFICERS OR CANDIDATES  
SUBMIT TO:**  
Nevada Secretary of State, Elections Division  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701  
775.684.5705 - 775.684.5718 fax