

**NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)**  
Please read the instruction before completing. Attach additional sheets if necessary

**FILED**

**JAN 13 2009**

SECRETARY OF STATE  
ELECTIONS DIVISION

*20568*

**PERSONAL INFORMATION:**

NAME: <b>Cherrie A. George</b>	LENGTH OF RESIDENCE IN NEVADA: <b>49 yrs</b>
ADDRESS: <b>PO Box 2474</b>	
CITY, STATE, ZIP: <b>Hawthorne, NV 89415</b>	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: <b>43 yrs</b>
TELEPHONE: <b>775-945-1171</b>	E-MAIL: <b>cherrieag@yahoo.com</b>

**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 elected (E, A, AE)	Annual Compensation	Date elected or appointed	Check the appropriate boxes below		
				ANNUAL NRS 281A.600.1 & 281A.610.1	CANDIDATE NRS 281A.610.1(a)	APPOINTMENT NRS 281A.600.1
<b>Mineral County Clerk-Treasurer</b>	<b>E</b>	<b>\$ 48,607</b>	<b>Jan 1, 2007</b>	<input checked="" type="checkbox"/>		
		\$	Dec 31, 2010			
		\$				

**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	
	Self	Member
<b>Mineral County - Payroll</b>	<input checked="" type="checkbox"/>	
<b>NV PERS - Benefits</b>	<input checked="" type="checkbox"/>	
<b>Pampered Chef - Ind. Consult.</b>	<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

Name of Public Officer: **Cherrie A. George**

**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	
Citi Financial	✓	

**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
		\$
		\$
		\$
		\$

**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	

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: **Jan 13, 2009**

Signature: 

Print Name: **Cherrie A. George**

**WHERE TO FILE:**

**APPOINTED PUBLIC OFFICERS  
SUBMIT TO:**  
Nevada Commission on Ethics  
3476 Executive Pointe Way, Suite 10  
Carson City, Nevada 89706  
775.687.5469 • 775.687.1279 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

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Name (print) Barbara J. Myers Office (if applicable) State Bd of Ed District (if applicable) 9  
4552 Hillview DR CC 89701 Mailing Address (include city and zip code) Telephone No. 7758828817

E-Mail Address

Select Appropriate Box(es)  CANDIDATE  PAC  POL PRTY  IND EXP  NONPROFIT CORP  
 LEGAL DEFENSE FUND  AMENDED

- Annual Filing - Due January 15, 2008  
Period: January 1, 2007 - December 31, 2007
- Report #1 - Due August 5, 2008\*  
Period: Jan. 1, 2008 - July 31, 2008
- Report #2 Due - October 28, 2008\*  
Period: Aug. 1, 2008 - Oct. 23, 2008
- Report #3 Due - January 15, 2009\*\*  
Period: Oct. 24, 2008 - Dec. 31, 2008
- Annual Filing - Due January 15, 2009  
Period: January 1, 2008 - December 31, 2008

20565

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JAN 13 2009

SECRETARY OF STATE  
ELECTIONS DIVISION

FOR OFFICE USE ONLY

\* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle  
 \*\* Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

**CONTRIBUTIONS SUMMARY**

1. Total Monetary Contributions Received in Excess of \$100  
(See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less  
(See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven  
(See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
0	0
0	0

5. Total Amount of Monetary Contributions Received  
(Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))  
(See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
0	0
0	0
0	0

**EXPENSES SUMMARY**

8. Total Monetary Expenses Paid in Excess of \$100  
(See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less  
(See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid  
(Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions  
(Only reported on Report #3, Annual Report or 15<sup>th</sup> day of the second month after candidates defeat or incumbent does not run for reelection)  
(See page 3 of instruction sheet)

0	0
0	0
0	0

**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Barbara J Myers Date 1/9/09