# NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

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

Office of the Secretary of State
Ross Miller
Elections Division

KRut
03/23/11

**PERSONAL INFORMATION:**

| | |
|---|---|
| NAME: Tracey Cummings | LENGTH OF RESIDENCE IN NEVADA: 7 years |
| ADDRESS: PO Box 10982 | |
| CITY, STATE, ZIP: Zephyr Cove, NV 89448 | LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: 7 years |
| TELEPHONE: 775-588-0320 | E-MAIL: treffcummings@hotmail.com |

**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).

27525

| Title of Public Office and Name of Government | Elected, appointed or appointed to elected (E, A, AE) | Annual Compensation | Date elected or appointed | ANNUAL NRS 281A.600.1 & 281A.610.1 | CANDIDATE NRS 281A.610.1(a). | APPOINTMENT NRS 281A.600.1 |
|---|---|---|---|---|---|---|
| | | | | Check the appropriate boxes below | | |
| Zephyr Heights G.I. D. | E | $ 1,200 | 01/01/2011 | ✓ | | |
| | | $ | | | | |
| | | $ | | | | |

**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. NRS281A.620.1(b).

| | Self | Household Member |
|---|---|---|
| | Check the appropriate boxes below | |
| Tahoe Fracture and Orthopedic | | ✓ |
| Orthopedic Professional Services | | ✓ |
| | | |

**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 |
|---|---|
| 18 Miles Road, #21, Mound House, NV 89706 | Storage Unit |
| | |
| | |
| | |



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**Name of Public Officer:** Tracey Cummings

**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).

| | Self | Household Member |
|---|---|---|
| | Check the appropriate boxes | |
| none | | |
| | | |
| | | |
| | | |

**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 |
|---|---|---|
| none | | $ |
| | | $ |
| | | $ |
| | | $ |

**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).

| * Continued on additional page | Self | Household Member |
|---|---|---|
| | Check the appropriate boxes | |
| Surgical Associates of Lake Tahoe | | ✓ |
| Physicians Mgd Care LLP | | ✓ |
| Carson-Douglas Ambulatory Surgery Center | | ✓ |

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

Date: 03/23/2011

Signature: Tracey Cummings

Print Name: Tracey Cummings

**WHERE TO FILE:**

**APPOINTED PUBLIC OFFICERS SUBMIT TO:**
Nevada Commission on Ethics
704 W. Nye Lane, Suite 204
Carson City, Nevada 89703
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

Addendum to Section F

Candidate: Tracey Cummings

Section F (Business Entities) Continued

| Entity | Self | Household Member |
|---|---|---|
| Tahoe Fracture Properties - Spine Center LLC | | X |
| South Lake Orthopedic Emergency Coverage | | X |
| | | |



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