NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

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

Cert Mail
FILED
JAN 10 2011
K Rut
SECRETARY OF STATE
ELECTIONS DIVISION

PERSONAL INFORMATION:

NAME: ROBERT HUGH ERICKSON	LENGTH OF RESIDENCE IN NEVADA: 66 YEARS
ADDRESS: 961 W. FIFTH STREET	
CITY, STATE, ZIP: FALLON NEVADA 89406	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: 33 YEARS
TELEPHONE: (775) 423-4507	E-MAIL: robertherickson @yahoo.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).

26703

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		
CITY COUNCIL CITY OF FALLON WARD 2	E	$ 20,514.	6/1/2007	X		
		$				
		$				

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	
FALLON THEATRES INC.	X	X
CITY OF FALLON	X	

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
71 S. MAINE ST FALLON NEVADA	MOVIE THEATRE RESIDENTIAL RENTAL
OFF VAUGHN ROAD CHURCHILL COUNTY NEVADA	RAW LAND
892 & 894 S. MAINE ST FALLON, NEVADA	RAW LAND

Revised 11/16/2010

Name of Public Officer: ROBERT H ERICKSON PAGE 2 OF 3PAGES

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	
ERICKSON THORPE AND GERALD M YORK DDS PROFIT SHARING PLANS	X	X
DR. STURAT RICHARDSON	X	X
DR. JOHN M ERICKSON	X	X
VERNA J DOANE TRUST (SEE NEXT PAGE)	X	X

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).

	Self	Household Member
	Check the appropriate boxes	
FALLON THEATRES INC.	X	X
E. J. DEVELOPMENT INC.	X	X
VERNA J DOANE TRUST		X

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/10/2011 Signature: _____

Print Name: _____

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

Name of Public Officer: ROBERT H ERICKSON (PAGE 3 OF 3 PAGES)

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		Self	Household Member
		Check the appropriate boxes	
MARY LYNN ERICKSON SHAW	BANK OF AMERICA	X	X
CITI BANK	WELLS FARGO BANK	X	X
CAPITOL ONE	HARRIS BANK	X	X
CHASE BANK			

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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).

	Self	Household Member
	Check the appropriate boxes	
None additional		

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/10/2011

Signature: [signature]

Print Name: ROBERT HUGH ERICKSON

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