

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

DEC 20 2010

COMMISSION ON ETHICS

PERSONAL INFORMATION:

NAME: GARY R. TRUEx	LENGTH OF RESIDENCE IN NEVADA: 32 YRS
ADDRESS: 728 Cedar si Zephyr Cove PO Box 10692 Zephyr Cove NV 89448	
CITY, STATE, ZIP: Zephyr Cove NV 89448	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: 10 YRS
TELEPHONE: 775 588 9240	E-MAIL: GRTRUEx@AOL.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).

27273

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
GID Board Zephyr Cove	E	\$ 300.00		<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"/>	<input 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	
	Self	Member
Social Security	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
US Army Retirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PAN med Physicians (REAL Estate)	<input checked="" type="checkbox"/>	<input 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
2100 Webster ST SAN FRANCISCO CA	Medical Rental

Name of Public Officer: GARY R. TRUEX

**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
<u>None</u>	Check the appropriate boxes	

**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>None</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
<u>PAN Med Phycsins LTD (Rental)</u>	Check the appropriate boxes	
	<input checked="" type="checkbox"/>	

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

Date: 18 Dec 2010 Signature: GARY R. TRUEX  
 Print Name: GARY R. TRUEX

**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