NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

FILED
APR - 5 2012
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Date Filed
SECRETARY OF STATE
ELECTIONS DIVISION

Please read instructions carefully before completing.
(Attach additional sheets if necessary)

31199

NAME: (First, Middle, Last) Erin Marie Clark	**ADDRESS:** (Number, Street) 475 E. 4th Street
CITY, STATE, ZIP: Golconda, NV 89414-0256	**TELEPHONE:** (775) 625-4650
E-MAIL: erin_m_whiteley@hotmail.com	LENGTH OF RESIDENCE IN NEVADA (Years): 7
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (Years): not registered in any state	

SECTION A (Information about your public office): List all public offices for which this financial disclosure statement is required NRS 281A.620.1(g) Please indicate **why** you are filing this form by choosing the appropriate box below.

- ● **ANNUAL FILING:** Filed by elected and appointed officers *(if required)* no later than January 15th each year.
- ○ **CANDIDATE FILING:** Filed by candidates for public office no later than the 10th day after the last day to qualify as a candidate.
- ○ **NEWLY APPOINTED:** Filed when appointed to fill an unexpired term of an elected or appointed public officer no later than the 30th day following appointment.

TYPE OF FILING *(check one)*: ☑ Annual ☐ Candidate ☐ New Appointment

TITLE OF PUBLIC OFFICE AND NAME OF GOVERNMENT (Include the title of the office you hold or are seeking, and the name of the entity that employs this position e.g. "City Manager, City of XYZ") **Do not leave blank.**	Elected (E), appointed (A) or appointed to an elected (AE) office. (Choose - E, A, AE)	Is this position entitled to annual compensation of $6,000 or more? (Choose Yes or No)	Amount of compensation received annually	Date elected or appointed (mm/yy)
Town of Golconda Water Board	AE	NO	Ø	01/11

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)]:

SOURCES OF INCOME	Check appropriate box: Self	Check appropriate box: Household Member
Social Security Supplemental Income	☒	☐
	☐	☐
	☐	☐

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)** which is located in this state or an adjacent state [NRS 281A.620.1(c)]:

SPECIFIC LOCATION (Address, City, State)	PARTICULAR USE (Rental, Vacation, Land etc.)
NONE	

NAME OF PUBLIC OFFICER (First, Middle, Last): Erin Marie Clark

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 real property which is not required to be listed in Section C above; and **(2)** debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281A.620.1(d)]:

CREDITOR NAME	Check appropriate box: Self	Check appropriate box: Household Member
Humboldt General Hospital - Winnemucca Emergency Physicans	☒	☐
Renown Hospital - Life Flight / Care Flight - Winnemucca Ambulance	☒	☐
Renown Hospital Emergency Room - Renown Hospital Intensive Care Unit	☒	☐

SECTION E (Gifts): List the identity of the donor and value of each gift received 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)]:

DONOR NAME	DESCRIPTION OF GIFT	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)]:

BUSINESS ENTITY	Check appropriate box: Self	Check appropriate box: Household Member
NONE	☐	☐
	☐	☐
	☐	☐

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Signature: Erin M. Clark

Print Name: Erin M. Clark

Date: ~~[illegible]~~ 3-16-12

ALL Elected and Appointed Public Officers and Candidates for Public Office file completed paper financial disclosure statements with:

NEVADA SECRETARY OF STATE
ELECTIONS DIVISION
101 NORTH CARSON STREET, SUITE 3
CARSON CITY, NEVADA 89701
(775) 684-5705 Phone ○ (775) 684-5718 Fax