



NEVADA FINANCIAL DISCLOSURE STATEMENT
(Attach additional sheets if necessary.)

RECEIVED
DEC 09 2005
COMMISSION
ON ETHICS

NAME MARGARET A. RUCKMAN
MAILING ADDRESS PO BOX 309
CITY, STATE, ZIP SILVER SPRING NV 89429
TELEPHONE 775-577-2637

LENGTH OF RESIDENCE IN NEVADA 5 YEARS
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 3 YRS
E-MAIL MARGARET@RUCKMAN.COM

List all public offices for which this financial disclosure statement is required (NRS 281.571, Subsection 1(g)):

Public Office	Elected (E) or Appointed (A)	Annual Compensation	Term or Date Appointed	ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.557(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(c)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.558(1)(a)
<u>SSGID</u>	<u>E</u>	<u>\$ 0</u>	<u>JAN 05</u>	<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"/>

List all general sources of income for you and members of your household over 18 years of age (NRS 281.571, Subsection 1(b)):

Source of Income	Self	Household Member
<u>SOCIAL SECURITY</u>	<input checked="" type="checkbox"/>	<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"/>

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 below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller]. (NRS 281.571, Subsection 1(d)):

Creditor	Self	Household Member
<u>N/A</u>	<input checked="" type="checkbox"/>	<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"/>

- mailed to SOS
12/09/05