



RECEIVED

JAN 14 2008

NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS) COMMISSION ON ETHICS
(Please read the instructions before completing.)

PERSONAL INFORMATION:

Form with fields: NAME: Dr. Mary A. Anderson, LENGTH OF RESIDENCE IN NEVADA: 5yrs; 2.5yrs, ADDRESS: 4805 Leo Blingo Ct, CITY, STATE, ZIP: Washoe Valley, NV 89704, LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (NRS 281A.620(1)(a)): 2yrs 1mo, TELEPHONE: (775) 328-2416, E-MAIL: manderson@washoecounty.us

SECTION A (Public Office): List all public offices for which this financial disclosure statement is required [NRS 281A.620.1(g)] and check each box accordingly i.e. annual, candidate or appointment filing:

- ANNUAL all elected and appointed public officers (no later than Jan. 15 each year)
• CANDIDATE (no later than the 10th day after the last day to qualify as a candidate)
• APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days)

Table with columns: Public Office, Elected, Appointed or Appointed to Elective (E, A or A/E), Annual Compensation, Term or Date Appointed, ANNUAL NRS 281A.600 1(b) 281A.810 1(b), CANDIDATE NRS 281A.810.1(a), APPOINTMENT NRS 281A.600.1(a). Row 1: District Health Officer, A, \$ 152,874.00, 09/17/05, [checked], [], []

SECTION B (Sources of Income): List each source of your income (including any source listed in Section A), or that of any member of your household who is 18 years of age or older. [NRS 281A.820.1(b)]:

Table with columns: Source of Income, Self, Household Member. Row 1: 1) Washoe County, [checked], []

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)].

Table with columns: Specific Location, Particular Use. Row 1: Cochise County, AZ 02-117-02-230 1, Vacant land

Dr. Mary A. Anderson

Print Name of Public Officer

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)]:

	Self	Household Member
USAA Mastercard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bank of America Visa	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Navy Federal Credit Union (Share-secured loan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

<u>Donor</u>	<u>Gift</u>	<u>Value of Gift</u>
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
None	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 9 January 2009 Signature: _____
 Print name: Dr. Mary A. Anderson

FILE COMPLETED FORM WITH:
Appointed Public Officers
 Nevada Commission on Ethics
 3476 Executive Pointe Way, Suite 10
 Carson City, Nevada 89706
 775.687.5469 • 775.687.1279 fax

Elected Public Officers and Candidates for Public Office
 Nevada Secretary of State, Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701
 775.684.5705 • 775.684.5718 fax