

RECEIVED

NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

JAN 03 2008

(Please read the instructions before completing.)

COMMISSION ON ETHICS

PERSONAL INFORMATION:

NAME: Katy Singlaub	LENGTH OF RESIDENCE IN NEVADA: 11 1/2 years
ADDRESS: 6595 Stone Valley Drive	
CITY, STATE, ZIP: Reno, Nevada 89523	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (NRS 281A.620(1)(a)): 6 years
TELEPHONE: (775) 328-2000	E-MAIL: ksinglaub@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 10<sup>th</sup> 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)

Public Office	Elected or Appointed (E or A)	Annual Compensation	Term or Date Appointed	ANNUAL	CANDIDATE	APPOINTMENT
				NRS 281A.600.1(b) 281A.610.1(b)	NRS 281A.610.1(a)	NRS 281A.600.1(a)
County Manager	A	\$198,370	1998	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.620.1(b)]:

	Self	Household Member
Washoe County	<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"/>

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

**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
MBNA	<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"/>

**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)]:

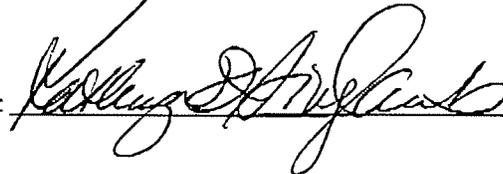
<u>Donor</u>	<u>Gift</u>	<u>Value of Gift</u>
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

**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
_____	<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: 1/2/08

Signature: 

**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