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COMMISSION ON ETHICS

NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

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

PERSONAL INFORMATION:

NAME: *(First, Middle, Last)*	Frank Bellinger	**LENGTH OF RESIDENCE IN NEVADA** *(Years)*	14
ADDRESS: *(Number, Street Name)*	713 Lexington Cross Drive		
CITY, STATE, ZIP CODE:	Las Vegas, NV 89144	**LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE** *(Years)*	14
TELEPHONE:	(702) 266-7040	**E-MAIL:**	bellingerf@veterans.nv.gov

SECTION A (Information about your 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):

- **ANNUAL FILING:** elected and appointed public officers (if required) no later than Jan. 15 each year
- **CANDIDATE FOR OFFICE FILING:** filed by candidates for public office no later than the 10 days after the last day to qualify as a candidate
- **NEW APPOINTMENT FILING:** filed when appointed to fill unexpired term of an elected or appointed public officer (within 30 days of the appointment)

TITLE OF PUBLIC OFFICE AND NAME OF GOVERNMENT *(Title of the position you hold/seek, and name of the entity that employs this position e.g. "City Manager, City of XYZ")*	Elected, appointed or appointed to elective office *(Select A, E or AE)*	Is this position entitled to annual compensation of $ 6000 or more? *(Select Yes or No)*	Amount of annual compensation received	Date elected or appointed	Type of filing *(The reason for completing this form)* Annual filing	Candidate for office	New appointment
					Check ONE box for each position held		
Nursing Home Administrator	A	YES	$ 104,778.00	10/03/2011			✔
	-	-	$				
	-	-	$				

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:	Self	Household Member
N/A NO OTHER INCOME TO	*Check the appropriate box*	

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 property etc.)*
N/A	
NO OTHER LOCATIONS TO	

NAME OF PUBLIC OFFICER *(First, Middle, Last):* Frank Bellinger

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)]:

NAME OF THE CREDITOR	Self	Household Member
	Check the appropriate box	
USAA FEDERAL SAVINGS BANK (MASTER CARD)	✓	

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)]:

DONOR *(Name of the person/entity giving the gift)*	**GIFT** *(Description e.g. book, watch etc.)*	**VALUE**
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	Self	Household Member
NONE	*Check the appropriate box*	

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE

Date: 11/28/11

Signature: Frank Bellinger

Print name: Frank Bellinger

FILE COMPLETED FORM WITH:

Appointed Public Officers
Nevada Commission on Ethics
704 W. Nye Lane, Suite 204
Carson City, Nevada 89703
(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