

RECEIVE

NOV 07 2011

COMMISSION ON ETHICS

NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

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

PERSONAL INFORMATION:

NAME: <i>(First, Middle, Last)</i>	Beatrice McMinn-Conway	LENGTH OF RESIDENCE IN NEVADA (Years)	29
ADDRESS: <i>(Number, Street Name)</i>	POB 155 - 52 Harris Lane		
CITY, STATE, ZIP CODE:	Schurz, Nevada 89427	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (Years)	29
TELEPHONE:	775-773-2255	E-MAIL:	

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, cand date 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 las: 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 <i>(Title of the position you hold/seek, and name of the entity that employs this position e.g. "City Manager, City of XYZ")</i>	Elected, appointed or appointed to elective office <i>(Select A, E or AE)</i>	Is this position entitled to annual compensation of \$ 6000 or more? <i>(Select Yes or No)</i>	Amount of annual compensation received	Date elected or appointed	Type of filing <i>(The reason for completing this form)</i>		
					Annual filing	Candidate for office	New appointment
School Board Trustee	AE	NO	\$ 3,000.00	9/1/11			<input checked="" type="checkbox"/>
	-	-	\$				
	-	-	\$				

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
	<i>Check the appropriate box</i>	
PERS	<input checked="" type="checkbox"/>	
Social Security - Disability Benefit		<input checked="" type="checkbox"/>
Social Security - Disability Benefit		<input checked="" 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) which is located in this state or an adjacent state [NRS 281A.620.1(c)]:

SPECIFIC LOCATION <i>(Address, City, State)</i>	PARTICULAR USE <i>(Rental property etc.)</i>
None	

NAME OF PUBLIC OFFICER *(First, Middle, Last):* **Beatrice McMinn-Conway**

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	
Financial Horizon Credit Union		✓
GMAC	✓	

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 <i>(Name of the person/entity giving the gift)</i>	GIFT <i>(Description e.g. book, watch etc.)</i>	VALUE
None		\$
		\$
		\$
		\$
		\$

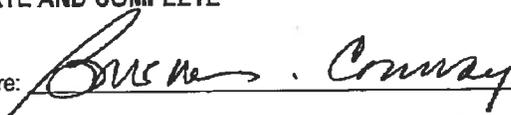
SECTION F (Business entities):

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
	Check the appropriate box	
None		

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE

Date: October 4, 2011

Signature: 

Print name: Beatrice McMinn-Conway

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) 587-1279 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