



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

NAME Michael Capello LENGTH OF RESIDENCE IN NEVADA 41  
 MAILING ADDRESS 6548 Golden Dawn Court LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO  
 CITY, STATE, ZIP Sparks, NV 89436 VOTE [per NRS 281.571(1)(a)] 7 years  
 TELEPHONE 775-626-3068 E-MAIL \_\_\_\_\_

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	CANDIDATE	APPOINTMENT
				all elected and appointed public officers (no later than Jan. 15 each year) <small>NRS 281.559(1)(b) 281.561(1)(b)</small>	(no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate) <small>NRS 281.561(1)(a)</small>	to fill unexpired term of an elected or appointed public officer (within 30 days) <small>NRS 281.559(1)(a)</small>
<u>Director, Washoe County Social Services</u>	<u>EA</u>	<u>\$136,864</u>	<u>02/15/2000</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)]:

	Self	Household Member
<u>Washoe County Social Services</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Washoe Health System</u>	<input type="checkbox"/>	<input checked="" 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)]:

	Self	Household Member
<u>Capital One Credit Card</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>AT&amp;T Universal Credit Card</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"/>