

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

DEAN HELLER  
SECRETARY OF STATE

NAME Chad M Larkin  
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CITY, STATE, ZIP Fernley NV. 89408  
TELEPHONE 775-575-4484

LENGTH OF RESIDENCE IN NEVADA 32 yrs  
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO  
VOTE [per NRS 281.571(1)(a)] 32 yrs  
E-MAIL \_\_\_\_\_

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

**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 (E) or Appointed (A)	Annual Compensation	Term or Date Appointed	NRS		
				281.559(1)(b) 281.561(1)(b)	281.561(1)(a)	281.559(1)(a)
<u>North Lyon County F.P.D</u>	<u>A</u>	<u>\$ 0</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<u>\$</u> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<u>\$</u> _____	_____	<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>Sierra Pacific Power Co</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>MSC</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
_____	<input 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"/>	<input type="checkbox"/>