

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

RECEIVED  
JAN 24 2006

COMMISSION  
ON ETHICS

Rec'd 1/10/06 by Reno City Clerk

NAME CHARLES E McNEELY  
MAILING ADDRESS 6000 LAMAR LANE  
CITY, STATE, ZIP RENO NV 89511  
TELEPHONE 775-1852-6693

LENGTH OF RESIDENCE IN NEVADA 9 yrs / 15 mos  
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] \_\_\_\_\_  
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<br>all elected and appointed public officers<br>(no later than Jan. 15 each year)<br>NRS 281.559(1)(b)<br>281.561(1)(b) | CANDIDATE<br>(no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate)<br>NRS 281.561(1)(a) | APPOINTMENT<br>to fill unexpired term of an elected or appointed public officer<br>(within 30 days)<br>NRS 281.559(1)(a) |
|----------------------------------|------------------------------|---------------------|------------------------|--|---|--|
| <u>City MANAGER City of Reno</u> |                              | <u>\$ 205,000</u>   | <u>3/96</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)]:

| Source of Income             | Self                                | Household Member                    |
|------------------------------|-------------------------------------|-------------------------------------|
| <u>City of Reno</u>          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <u>Washoe Medical Center</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)]:

| Creditor  | Self                     | Household Member         |
|-----------|--------------------------|--------------------------|
| <u>ND</u> | <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"/> |

\* clerk stamped wrong page.  
Sec attached. *[Signature]*