

COMMISSION ON ETHICS

STATEMENT OF FINANCIAL DISCLOSURE

(Please read instructions on cover sheet before beginning)

- 1. Name MICHAEL L. MONTANDON
- 2. Business telephone (optional) (702) 633-1007
- 3. Mailing address 2200 Civic Center Drive, North Las Vegas, NV 89030
Street or P.O. Box City Zip
- 4. Length of residence in Nevada 7 1/2 Years
- 5. Length of residence in district elected from (if applicable) 6 1/2 years
- 6. Precinct in which registered to vote 4011

Please check the appropriate box:

- 7. I am filing this statement as an: (1) Appointed official (2) Elected official.
- 8. This is my: Initial filing Annual filing Candidate filing End-of-term filing.

Please complete this section in its entirety:

- 9a. Office sought/held (1) Board Member Las Vegas Convention & Visitors Authority
(2) Mayor - City of North Las Vegas
- 9b. Mailing address of office _____
- 9c. Date term of office/appointment began or will begin (use a specific date) 6-30-97
- 9d. Date term of office/appointment ends or will end (use a specific date) 6-30-01
- 9e. If appointed, name of appointing authority City of North Las Vegas City Council
- 9f. If appointed, date appointing authority's term ends (use a specific date) _____

10. Disclose each source of your income or that of any member of your household. No listing of individual clients or patients is required, but if that is the case, a general source such as "professional services" must be disclosed (NRS 281.571(1)(b)). You are NOT required to disclose the dollar amount of your income or that of your household members.

SOURCE	WHOSE (Self and household members)
<u>Nevada Construction Services</u>	<u>Self</u>
<u>City of North Las Vegas</u>	<u>Self</u>
<u>LVCVA</u>	<u>Self</u>
<u>Lake Mead Hospital</u>	<u>Self</u>

(Attach additional sheets if necessary)

WHITE-C

Post-it® Fax Note	7671	Date	<u>3-28</u>	# of pages	<u>4</u>
To	<u>Karen</u>	From	<u>Dina York</u>		
Co./Dept.	<u>LV City Clerk</u>	Co.	<u>Ethics Commission</u>		
Phone #		Phone #	<u>775-687-5469</u>		
Fax #	<u>702 649-3846</u>	Fax #			

11. Disclose the specific location and particular use of any real estate, other than your primary personal residence, in which you or a member of your household has a legal or beneficial interest and whose fair market value is \$2,500 or more and which is located in this state or an adjacent state.

SPECIFIC LOCATION

(Specific addresses are required. Give street address or legal description)

3225 E. Post
Logandale - near Fairgrounds

NATURE OF ITS PARTICULAR USE(S)

(Unimproved vacant land, agricultural land, commercial building, apartments, rental, etc.)

Industrial Building
Vacant Land

(Attach additional sheets if necessary)

12. Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more, except for: (a) A debt secured by a mortgage or deed of trust on real estate which is not required to be listed under item 11 above; (b) A debt for which a security interest in a motor vehicle for personal use was retained by the seller (NRS 281.571(2)).

DEBTOR

TransNevada Devco

CREDITOR

Silver State Bank

(Attach additional sheets if necessary)

13. List all gifts, whose value is \$200 or more, which you received during the preceding taxable year except: (a) A gift received from a person who is related to you within the third degree of consanguinity (blood relationship) or affinity (relationship by marriage); (b) Ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasions if the donor does not have a substantial interest in your legislative, administrative, judicial or political actions. You must disclose the name of the donor.

GIFT

DONOR

VALUE

GIFT	DONOR	VALUE

(Attach additional sheets if necessary)

14. List each business entity in which you or a member of your household is involved in as a trustee, beneficiary of a trust, director, officer, owner (whole or in part), limited or general partner or holder of any class of stock or security representing 1 percent or more of the total outstanding stock or securities issued by the business entity.

WHO

self
self
self

BUSINESS ENTITY

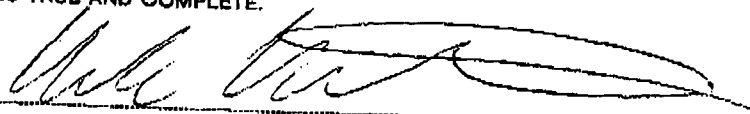
TransNevada Development Co. LLC
MMSI, LLC
Clayburn, LLC

(Attach additional sheets if necessary)

THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

3-30-00

Date



Signature