



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

NAME Kenny Huff
MAILING ADDRESS P.O. Box 766
CITY, STATE, ZIP Wells, NV. 89335
TELEPHONE 793-3587

LENGTH OF RESIDENCE IN NEVADA 11 yrs.
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 11 yrs.
E-MAIL

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

Table with columns: Public Office, Elected (E) or Appointed (A), Annual Compensation, Term or Date Appointed, ANNUAL (all elected and appointed public officers), CANDIDATE (no later than the 10th day after the last day to qualify as a candidate), APPOINTMENT (to fill unexpired term of an elected or appointed public officer). Row 1: City Council, E, \$490, [checked box], [empty box], [empty box].

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

Table with columns: Source of Income, Self, Household Member. Row 1: Flying J Inc. [checked box], [empty box]. Row 2: 4-way [empty box], [checked box].

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)]:

Table with columns: Creditor Name, Self, Household Member. Five empty rows for creditor information.

Out to SOS 12/19/05