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NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

NAME: JEFFERY R THOMPSON
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CITY, STATE, ZIP: ELKO NV 89801
TELEPHONE: 775-753-1063

LENGTH OF RESIDENCE IN NEVADA: 10 1/2 YRS
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: 5 YRS
E-MAIL: jrt@codale.com

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 (within 30 days). Row 1: ELKO CITY PLANNING COM, A, \$, [blank], [checked], [blank], [blank].

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: Public Office, Self, Household Member. Row 1: CODALE ELECTRIC SUPPLY INC, [checked], [blank]. Row 2: ELKO COUNTY SHERIFFS OFFICE, [blank], [checked].

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: Self, Household Member. Row 1: HEALTH CARE CREDIT UNION NA, [checked], [blank].

RECEIVED DEC 27 2005 COMMISSION ON ETHICS