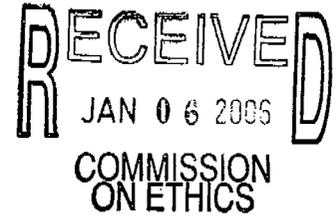


NEVADA FINANCIAL DISCLOSURE STATEMENT
(Attach additional sheets if necessary.)



NAME Russell A. Brooks
 MAILING ADDRESS 55 West Williams Ave
 CITY, STATE, ZIP Fallon, NV 89406
 TELEPHONE (775) 423-0167

LENGTH OF RESIDENCE IN NEVADA 7 yrs, 2 months
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 7 yrs, 2 months
 E-MAIL fpdcorp@aiinc.com

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	CANDIDATE	APPOINTMENT
				all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.558(1)(b) 281.561(1)(b)	(no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(e)
Chief of Police	A	\$ 84,184	6/21/2005	<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)]:

	Self	Household Member
City of Fallon	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Western Nevada Insurance Services, Inc	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Defense Financial Accounting Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Veterans Administration	<input checked="" 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"/>