



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

NAME GARY S. BUDAHL LENGTH OF RESIDENCE IN NEVADA 9 YEARS
 MAILING ADDRESS PO Box 6399 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO
 CITY, STATE, ZIP PAHRUMP NV 89041 VOTE [per NRS 281.571(1)(a)] 9 YEARS
 TELEPHONE 775 751 0721 E-MAIL gbudahl@nyecounty.net

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 281 559(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)(a)
<u>NYE COUNTY TREASURER</u>	<u>A</u>	<u>\$ 65,012</u>	<u>4-8-05</u>	<input checked="" type="checkbox"/>	<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 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
<u>NYE COUNTY</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>STATE OF NV BUREAU OF COMMUNITY HEALTH</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)]:

	Self	Household Member
<u>US BANK</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>AT+T MASTERCARD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>