

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

RECEIVED
JAN 20 2006
COMMISSION
ON ETHICS

NAME RON SKINNER
MAILING ADDRESS P.O. BOX 147
CITY, STATE, ZIP LOVELOCK, NV. 89419
TELEPHONE 775-273-2641

LENGTH OF RESIDENCE IN NEVADA 13
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 13
E-MAIL RSKINNER@PERSHINGCOUNTY.NEV

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)	(no later than the 10 th day after the last day to qualify as a candidate)	to fill unexpired term of an elected or appointed public officer (within 30 days)
				NRS 281.559(1)(b) 281.561(1)(c)	NRS 281.561(1)(a)	NRS 281.559(1)(a)
<u>SHERIFF</u>	<u>E</u>	<u>\$ 70,715.00</u>	<u>1/03</u> <u>THRU</u> <u>12/06</u>	<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
<u>PERSHING COUNTY SHERIFF COUNTY (SELF)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PERSHING COUNTY HOSPITAL (WIFE)</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>AMERICAN EXPRESS</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>ATT M/C</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>I.R.S.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>CITI BANK VISA</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

1/20/06 Original sent to SAS. TR