

JAN 04 2006

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

DEAN HELLER
SECRETARY OF STATE
636

NAME Kay Bennett
MAILING ADDRESS P.O. Box 311
CITY, STATE, ZIP Silver Springs, NV 89429
TELEPHONE (775) 577-3220

LENGTH OF RESIDENCE IN NEVADA 20 yrs
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 5 yrs
E-MAIL kalebenn@attglobal.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 all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
<u>Silver Springs Stagecoach Hospital District Board</u>		<u>\$ 0</u>	<u>2005-2008</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Lyon County Library Board</u>		<u>\$ 0</u>	<u>2005-2007</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)]:

Source of Income	Self	Household Member
<u>Retirement - Carson City Municipal County Gov.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Retirement - State of Nevada</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Social Security</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Lease/Rental - Silver Springs Airport</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Agriculture - Silver Springs Airport</u>	<input checked="" type="checkbox"/>	<input checked="" 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)]:

Creditor	Self	Household Member
<u>Wells Fargo Bank - Line of Credit</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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
<u>Silver Springs Resort, LLC</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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
<u>Silver Springs Resort</u>	<u>Commercial/Recreation Open</u>
<u>37th Street</u>	<u>80 acres - undeveloped land</u>
<u>Halsenden, Washington</u>	<u>3600 acres farmland - leased</u>
_____	_____
_____	_____

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
<u>none</u>	<u>\$ 0</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: January 3, 2006 Signature: Kay Bennett

File completed form with:

Appointed Public Officers Nevada Commission on Ethics 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706 775.687.5469 • 775.687.1279 fax	Elected Public Officers and Candidates for Public Office Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, NV 89701 775.684.5705 • 775.684.5718 fax
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