

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

FILED  
1207  
P 3:26

NAME R. J. Gillum  
MAILING ADDRESS PO BOX 03  
CITY, STATE, ZIP SPRINGFIELD NV 89017  
TELEPHONE 775 485 3226

LENGTH OF RESIDENCE IN NEVADA \_\_\_\_\_  
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(c)] \_\_\_\_\_  
E-MAIL \_\_\_\_\_

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)<br>NRS 281.561(1)(b)<br>281.561(1)(c) | (no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate)<br>NRS 281.561(1)(d) | to fill unexpired term of an elected or appointed public officer (within 30 days)<br>NRS 281.561(1)(e) |
| COUNTY COMMISSIONER | E                            | \$12,000            | 01/01/02               | <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                    |
|---------------------------------|-------------------------------------|-------------------------------------|
| HIGH DESERT AUTOMOTIVE SERVICES | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| U.S. POSTAL SERVICE             | <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                    |
|---------------------------------|-------------------------------------|-------------------------------------|
| D & G ENTERPRISES GOLD FIELD NV | <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>HIGH DESERT AUTOMOTIVE SERVICE</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(e)].

| Specific Location  | Particular Use  |
|--|-----------------|
| <u>PORTION OF BLK 253 &amp; 254 TOGETHER WITH BLK 237 LOTS 5, 6, 7 &amp; 8 GOLDFIELD</u> | <u>BUSINESS</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 |
|-------|---------------|
| _____ | \$ _____      |
| _____ | \$ _____      |
| _____ | \$ _____      |
| _____ | \$ _____      |
| _____ | \$ _____      |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 01 09 05 Signature: [Handwritten Signature]