

FILE

JAN 04 2006
certified
DEAN HELLER
SECRETARY OF STATE
1274

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

NAME HAROLD-F-HARPER-JR
MAILING ADDRESS P.O. Box 798
CITY, STATE, ZIP SEARCHLIGHT, NV-89046
TELEPHONE 702-297-1999

LENGTH OF RESIDENCE IN NEVADA 25 YRS - PLUS
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 25 YRS
E-MAIL HHARPER_803@AOL.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 all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.558(1)(b) 281.551(1)(b) | CANDIDATE (no later than the 10 th day after the last day to qualify as a candidate) NRS 281.551(1)(a) | APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.558(1)(a) |
|------------------|------------------------------|------------------------------|------------------------|--|---|---|
| <u>CONSTABLE</u> | <u>E</u> | <u>\$1,000.⁰⁰</u> | <u>1-1-03</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <u>\$</u> _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <u>\$</u> _____ | _____ | <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)]:

| Source of Income | Self | Household Member |
|--------------------------------------|-------------------------------------|--------------------------|
| <u>SOCIAL-SECURITY</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>OPERATING-ENGINEERS-LOCAL-#12</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>INTEREST-INCOME</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>CONSTABLE-FEES</u> | <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)]:

| Creditor | Self | Household Member |
|-------------|-------------------------------------|--------------------------|
| <u>NONE</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input checked="" 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 |
|------------------|-------------------------------------|--------------------------|
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

NONE

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 |
|-------------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

NONE

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 |
|------------------|--------------------|
| _____ | \$ NONE |

NONE

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1-04-06

Signature: *Arnold F. [Signature]*