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 COMMISSION  
 ON ETHICS

1270

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

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LENGTH OF RESIDENCE IN NEVADA 12 yrs  
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 12 years  
 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 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 <sup>th</sup> 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>Councilman</u> | <u>E</u>                     | <u>\$ 480<sup>00</sup></u> | <u>7-1-05</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)]:

| Source of Income                    | Self                                | Household Member         |
|-------------------------------------|-------------------------------------|--------------------------|
| <u>United States Postal Service</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"/>            | <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>NBNA</u>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <u>CITY BANK</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 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>NONE</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>NONE</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> | \$ _____      |
| _____       | \$ _____      |
| _____       | \$ _____      |
| _____       | \$ _____      |
| _____       | \$ _____      |

**THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.**

Date: 12-13-2005 Signature: [Handwritten Signature]

