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FILE

MAY 17 2006

DEAN HELLER
SECRETARY OF STATE

NEVADA FINANCIAL DISCLOSURE STATEMENT
(Attach additional sheets if necessary)

NAME Elyndabeth Betty Van Blitterswyk
MAILING ADDRESS PO Box 24
CITY, STATE, ZIP Toiyah Co #9418
TELEPHONE 775-538-7457

LENGTH OF RESIDENCE IN NEVADA 40 YEARS
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 25 YEARS
E-MAIL d/19

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 281.550(1)(b) 281.501(1)(b)	NRS 281.001(1)(a)	NRS 281.550(1)(a)
<u>Public Administrator</u>	<u>E</u>	<u>\$1,800-</u>	<u>1/07 12/09</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"/>

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>PERMUNG COUNTY Public Administrator</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"/>

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 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>R-L-V CORPORATION</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 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>9 Acres - Inlay NV</u> <u>1/4 Acres Inlay NV</u>	<u>TRAILER PARK</u> <u>VACANT LOT</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: May 17 2006 Signature: Eliza Van Blitterswyk



STATE OF NEVADA COMMISSION ON ETHICS

3476 Executive Pointe Way, Suite 10 - Carson City, Nevada 89706
(775) 687-5469 • FAX (775) 687-1279

Acknowledgment of Ethical Standards for Public Officers

(Required by NRS 281.552)

I hereby acknowledge that I have read and understand the statutory ethical standards for public officers and public employees provided in NRS Chapter 281. I acknowledge that I have (check all that apply):

- Reviewed the provisions of NRS Chapter 281 on-line from the Commission's website http://ethics.nv.gov
Reviewed the provisions of NRS Chapter 281 by requesting a copy thereof from the Commission office.

I understand that I am required to file this acknowledgment with the Nevada Commission on Ethics pursuant to NRS 281.559 or the Secretary of State pursuant to NRS 281.561, and that refusal to execute and file this acknowledgment constitutes nonfeasance in office and is a ground for removal pursuant to NRS 283.440.

Date: March 17, 2006
Signature: Betty VanBlitterswyk
Printed Name: BETTY VAN BLITTERSWYK
Mailing Address, City, State, Zip Code: P.O. Box 74, Imroy NV 89418
Fax Number: N/A

E-mail Address:
Office or Position: Public Administrator
Government Entity: Pershing County

PLEASE NOTE If you are an elected public officer required to file a financial disclosure statement pursuant to NRS 281.561, this form must accompany the first statement of financial disclosure you file once you are elected to public office. The requirement to file this ethics acknowledgment applies each time you are elected to office or re-elected to a new term of office. If you are an appointed public officer who will be entitled to receive less than \$6,000 per year of service and will not be required to file a statement of financial disclosure upon your appointment to office, please file the form within 30 days of your appointment to office.

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
Nevada Secretary of State, Elections Division
101 North Carson Street, Suite 3
Carson City, NV 89701
775.684.5705 • 775.684.5718 fax

Pursuant to NRS 281.552 filing of this form is not required for candidates for public office