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# FILE

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

MAY 22 2006

DEAN HELLER  
SECRETARY OF STATE

*CPA*

NAME Kathryn J. Weeks  
MAILING ADDRESS PO Box 523  
CITY, STATE, ZIP Virginia City, NV 89440  
TELEPHONE (775) 847-0638

LENGTH OF RESIDENCE IN NEVADA 31 years  
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 31 years  
E-MAIL kweeks@storeycounty.org

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) <small>NRS 281.559(1)(b) 281.561(1)(b)</small>	(no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate) <small>NRS 281.561(1)(a)</small>	to fill unexpired term of an elected or appointed public officer (within 30 days) <small>NRS 281.569(1)(c)</small>
Storey County Assessor	e	\$ 58,330	1/07-12/2010	<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"/>	<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
Storey County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PERS(Retirement); social Security	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storey County	<input type="checkbox"/>	<input checked="" 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
None	<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"/>	<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
None	<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"/>	<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
105 N. Howard Street, Virginia City	Adj. vacant 1/2 lot to residence
_____	_____
_____	_____
_____	_____

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	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: May 22, 2006 Signature: *Kathryn A. Woods*

Appointed Public Officers  
 Nevada Commission on Ethics  
 3478 Executive Pointe Way, Suite 10  
 Carson City, Nevada 89708  
 775.687.5469 • 775.687.1279 fax

File completed form with:  
 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

Revised 8/23/2005