

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

NAME William H. Deist LENGTH OF RESIDENCE IN NEVADA 8.75 yrs.  
 MAILING ADDRESS 649 Canalat Way LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO  
 CITY, STATE, ZIP WINNEMUCCA NV. 89445 VOTE [per NRS 281.571(1)(a)] 6.25 yrs.  
 TELEPHONE (775) 623-5790 E-MAIL bpd@wmca.net

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), 5
<u>County Administrator</u>	<u>A</u>	<u>\$ 85,607.60</u>	<u>8-99</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>Humboldt County 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"/>
_____	<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>Capital one FSB</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Capital one FSB</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>U.S. Bank</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>