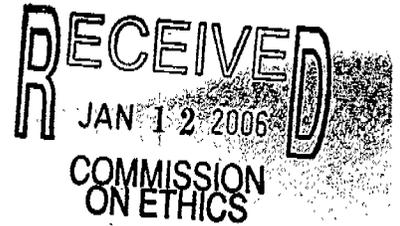


NEVADA FINANCIAL DISCLOSURE STATEMENT
(Attach additional sheets if necessary.)



NAME Charles Gary Hollis
 MAILING ADDRESS 1441 Lannette Circle
 CITY, STATE, ZIP Pahrump, NV 89060
 TELEPHONE (775) 727-1794

LENGTH OF RESIDENCE IN NEVADA 45 Years
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 3 1/2 Years
 E-MAIL ghollis@pahrump.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	CANDIDATE	APPOINTMENT
				all elected and appointed public officers (no later than Jan 15 each year) NRS 281.559(1)(b), 281.561(1)(b)	(no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.560(1)(a)
Nye County Commissioner	X	\$ 22,797	Jan. 2005	<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)]:

	Self	Household Member
Nye County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operating Engineers Retirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nevada Public Employees Retirement	<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
N/A	<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"/>